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THE  
HOMŒOPATHIC PHYSICIAN.

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"IF OUR SCHOOL EVER GIVES UP THE STRICT INDUCTIVE METHOD OF HAHNE-  
MANN, WE ARE LOST, AND DESERVE TO BE MENTIONED ONLY AS A CARI-  
CATURE IN THE HISTORY OF MEDICINE."—*Constantine Hering.*

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EDITED BY  
WALTER M. JAMES, M. D.,  
AND  
GEORGE H. CLARK, M. D.

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# INDEX

## TO THE

# HOMŒOPATHIC PHYSICIAN.

### VOLUME X.

	PAGE		PAGE
Acetic acid, . . . . .	440	Annual Report and Election by the	
Acid lac, . . . . .	398	Managers of the Woman's Homœopathic Hospital of Penna.	
Actea racemosa, . . . . .	221, 508	E. J. Lee, M. D., . . . . .	70
Actea spicata, . . . . .	508	Answer. Dr. Guernsey's . . . . .	293
Aconite in its Relation to the Throat.		Antimon-crud, . . . . .	81, 441
Ed. J. Lee, M. D., . . . . .	131	Antimon-tart, . . . . .	441, 550
Aconitia, . . . . .	415	Antipyrin, Geo. H. Clark, M. D., . . . . .	4
Aconitum Napellus . . . . .	9, 16, 266, 403, 415, 440, 550	Antiseptic Dressing. G. M. Pease, M. D., . . . . .	427
Actinomycosis, . . . . .	330	Antiseptics. Geo. H. Clark, M. D., . . . . .	52, 337
Address before the Hahnemann Club		Apis-mel., . . . . .	15, 80, 116, 364, 404, 441, 496
of Terra Haute. W. H. Baker,		Apocyn-cannab., . . . . .	69
M. D., . . . . .	63	Appeal from the Bureau of Clinical	
Agaricus muscarius, . . . . .	16, 135, 170, 176, 440	Medicine of I. H. A., . . . . .	239
Agnus castus, . . . . .	440	Aquelegia vulgaris, . . . . .	369
Ailanthus-gland, . . . . .	440	Are the Two Schools Alike? Ed. J.	
Alcohol, . . . . .	561	Lee, M. D., . . . . .	24
Allen's Encyclopædia and Index, Er-		Argent-met., . . . . .	441
rors in. E. W. Berridge, M. D.,		Argentum nitricum, . . . . .	80, 81, 441
. . . . .	425, 477	Argentum nitricum—Mental and Ner-	
Allen, T. F., M. D. Gonorrhœa and		vous Symptoms. W. M. Butler,	
Homœopathy, . . . . .	548	M. D., . . . . .	36
A Protest, . . . . .	205	Argonaut. The. Kent B. Waite, M. D.	
Allen's, Dr. T. F., High Potency Allo-		Notice of. . . . .	563
pathy. B. Fincke, M. D., . . . . .	251	Argument and Reason. Geo. H. Clark,	
Allen, A Reply to Dr. T. F. Chas. B.		M. D., . . . . .	97
Gilbert, M. D., . . . . .	255	Arnica, . . . . .	62, 81, 220, 442, 468, 550
Allen's Protest: Another Answer to		Arsenicum in the Vomiting of Preg-	
G. W. Sherbino, M. D., . . . . .	310	nancy, . . . . .	284
Aloes, . . . . .	11, 117, 133, 312, 440	Arsenicum, . . . . .	74, 79, 82, 93, 135, 147, 170, 213, 310, 316, 393, 402, 442, 496, 550
Aloes, Notes on the Characteristics of.		Arsenicum metallicum, . . . . .	117
Walter M. James, M. D., . . . . .	229	Artificial Feeding of Infants, The. Geo.	
Alternation, A Plea for . . . . .	181	H. Clark, M. D., . . . . .	241
Alumina, . . . . .	440	Arum-try, . . . . .	442, 497, 551
Amбра grisea, . . . . .	440	Asafetida, . . . . .	442, 479
American Institute of Homœopathy,		Asarum-europ, . . . . .	117, 442
Notice of Meeting, . . . . .	191	Ascot, Dr. Filipe. Clinical Notes, . . . . .	66
American Institute, Session of 1890, . . . . .	227	Ataxia, Progressive Locomotor, . . . . .	169
Ammonium carb., . . . . .	40, 441, 517	Aurum, . . . . .	81, 313, 319, 442, 479
Amm. mur., . . . . .	441	Baker, W. H., M. D. Address before	
Anacard. orient., . . . . .	441	the Hahnemann Club of Terre	
Anemone Nemorosa, . . . . .	281	Haute, . . . . .	63
Angustura, . . . . .	441		
Annals of Surgery, The Review of, . . . . .	141		

	PAGE		PAGE
Balch, Edward T., M. D. An Unusual Symptom, . . . . .	136	Carbo-animal, . . . . .	31, 444
Help Wanted, . . . . .	286	Carbo-veg., . . . . .	79, 119, 316, 354
Help Wanted and Received, . . . . .	419	Carleton, Edmund, M. D. A Reply to Dr. Guernsey's Defence, . . . . .	378
La Grippe, . . . . .	128, 222	The Ward's Island Difficulty in New York, . . . . .	272
Verifications, . . . . .	223	Carnem, . . . . .	304
Ballard, Dr. E. A., Message of Sym- pathy to, . . . . .	383	Cases from Practice of Dr. Oscar Han- sen, Copenhagen, . . . . .	401
Baltimore Family Health Journal, Re- view of, . . . . .	525	Case Read at the Meeting of the Or- ganon Society, of Boston, Decem- ber 28th. Wm. P. Wesselhoeft, M. D., . . . . .	10
Baptisia, . . . . .	86, 134, 135, 209, 220, 222	Causticum, . . . . .	115, 277, 286, 445
Baryta-carb., . . . . .	442, 480, 551	Census Bulletins, . . . . .	431, 524
Baylies, B. L. B., M. D. Homœopathy and Pathology, . . . . .	515	Census Bureau, An Appeal from. Note, . . . . .	334
Beaman, Chas. P., M. D. Puerperal Convulsions, . . . . .	467	Cepa, . . . . .	445
Belfield, Dr. Wm. T., Solicits Informa- tion. Note, . . . . .	288	Cephalalgia, . . . . .	82, 222
Belladonna, . . . . .	26, 45, 47, 80, 82, 89, 90, 176, 276, 277, 303, 312, 443, 466, 517	Chamomilla, . . . . .	128, 445, 544, 550
Benzoic-acid, . . . . .	443	Change of Number, . . . . .	17
Berberis-aquifol., . . . . .	554	Chelidonium, . . . . .	445
Berberis-vulg., . . . . .	80, 443, 553	Chemical Lecture Notes. By H. M. Whelpley, M. D. Review of, . . . . .	564
Berridge, E. W., M. D. A Confession and a Warning, . . . . .	39	China, . . . . .	80, 283, 391, 445
Dr. J. C. Boardman's Provings and Clinical Cases, . . . . .	559	Chin-sul, . . . . .	390
Dr. T. F. Allen on Homœopathy, . . . . .	421	Cholera, A Case of Sporadic. L. Hoopes, M. D., . . . . .	282
Errors in Dr. T. F. Allen's Encyclo- pædia, . . . . .	425, 477	Cholera at Bagdad, . . . . .	191
Poisoning by Antipyrin, . . . . .	89	Chorea: Case of. Dr. Oscar Hansen, . . . . .	402
Provings, . . . . .	320	Cicuta-vir., . . . . .	445
Reply to "A Synopsis of a Case of Hemorrhoids," . . . . .	215	Cimicifuga-race, . . . . .	31, 446, 465
Biological Students, Notice to, . . . . .	191	Cina, . . . . .	362, 446, 520, 550
Bismuthum, . . . . .	443, 551	Cinchona-off, . . . . .	382
Black Eye, . . . . .	48	Cinnabar, . . . . .	357
Blunders, Geo. H. Clark, M. D., . . . . .	245	Clark, Geo. H., M. D. Antipyrin, . . . . .	4
Blunder, An Awful. Dr. G. W. Emery, . . . . .	267	Antiseptics, . . . . .	52, 337
Boardman's Provings and Clinical Cases, Dr. J. C. E. W. Berridge, M. D., . . . . .	559	Argument and Reason, . . . . .	97
Bœnninghausen and Lippe. Ed. J. Lee, M. D., . . . . .	34	The Artificial Feeding of Infants, . . . . .	241
Book Notices, . . . . .	94, 141, 190, 231, 287, 328, 383, 429, 524, 562	Blunders, . . . . .	245
Borax, . . . . .	443, 478	Chronic or Interstitial Pneumonia, . . . . .	387
Bovista, . . . . .	443	Colleges, Journals, Pharmacies, . . . . .	194
British Medicinal Plants, Alfred Heath, M. D., . . . . .	279, 367, 415, 508, 553	The Difference between the Old School and the New, . . . . .	100
Bromides, . . . . .	335	Dr. Dudgeon on High Potencies, . . . . .	533
Bromine, . . . . .	550	The European Epidemic, . . . . .	1
Bryonia, . . . . .	79, 82, 86, 170, 187, 210, 254, 266, 308, 316, 443, 506, 551, 559	Grafts, . . . . .	531
Buffalo. A Synopsis of a Case of Hemorrhoids, . . . . .	83	Hahnemannian Homœopathy, . . . . .	53
Bureau of Surgery of I. H. A., . . . . .	240	Heredity of Tuberculosis, . . . . .	433
Butler, Clarence Willard, M. D. Clinical Reports and their Relation to Homœopathy, . . . . .	150	Intermittent Fever Treated by Friction, . . . . .	103
Bulter, W. M., M. D. Argentum Nitri- cum — Mental and Nervous Symptoms, . . . . .	36	Intermittent Pulse, . . . . .	4
Cactus-grand, . . . . .	443	The International Hahnemannian Association's Last Meeting, . . . . .	337
Caladium, . . . . .	81, 318, 443	La Grippe, . . . . .	3, 49, 51, 102
Caltha palustris, . . . . .	299	Medicinal Aggravations, . . . . .	481
Calc-carb., . . . . .	13, 80, 91, 122, 356, 444, 471	Medicine an Empirical Art, . . . . .	193
Cal-phos., . . . . .	403, 404	Microbes, Bacilli, Cocci, . . . . .	53
Camphora, . . . . .	444	The Minuteness of the Dose, . . . . .	102
Cannabis Indica, . . . . .	320, 478	To Mongrels and Allopaths, . . . . .	59
Cannabisativa, . . . . .	444	Notes from Past Meetings of the Lippe Society, . . . . .	115, 304, 350
Cantharis, . . . . .	444, 480	Pathology, . . . . .	55
Capsicum, . . . . .	444	The Other Side, . . . . .	535
Carbolic Acid Proving, A. C. M. Selfridge, M. D., . . . . .	420	Physiology, . . . . .	56
		Progressive Homœopathy, . . . . .	58
		Quinine, . . . . .	57, 102
		Recovery of Dr. P. P. Wells, . . . . .	388
		The Repetition of the Dose, . . . . .	291
		Scientific Medicines, . . . . .	2
		Sequelæ, . . . . .	197
		Strong Medicine, . . . . .	57
		Surgery the Opprobrium of Medi- cine, . . . . .	436
		Surgical Treatment of Uterine Troubles, . . . . .	243



# INDEX.

V

	PAGE
Clark, Geo. H., M. D.	
The Treatment of Affections of the Heart, . . . . .	385
The Unattainable, . . . . .	101
The Use of Crude Drugs by Professed Homœopaths, . . . . .	289
Wines and Liquors in Medicine, . . . . .	51
Clarke, Dr. Wm. B., . . . . .	336
Notice of Marriage, . . . . .	144
Clausen, Daniel W., M. D. Magnesium-phosphoricum and Schussler's Bio-Chemistry, . . . . .	12
Sanicula—A Caution, . . . . .	284, 380
Clematis-erecta, . . . . .	280, 358, 446
Clinical Cases, Two, Robert Farley, M. D., . . . . .	219
Clinical Cases. F. L. Griffith, M. D., . . . . .	185
Clinical Cases. Clarence N. Payne, M. D., . . . . .	518
Clinical Cases, Reports of. G. M. Pease, M. D., . . . . .	307
Clinical Cases. G. W. Sherbino, M. D., . . . . .	47, 133, 219
Clinical Case, A. Wm. Steinrauf, M. D., . . . . .	184
Clinical Cases. Ella M. Tuttle, M. D., . . . . .	283
Clinical Cases. W. A. Yingling, M. D., . . . . .	93, 400
Clinical Notes. Dr. Filipe Ascot, . . . . .	66
Cocculus, . . . . .	310, 446
Coffea, . . . . .	446, 478
Coffee: he was fond of, . . . . .	48
Cohen, S. W., M. D. La Grippe, . . . . .	87
Coincidences. Walter M. James, M. D., . . . . .	198
Colchicum-autum., . . . . .	446
Colleges, The Teaching of Pure Homœopathy in the. Walter M. James, M. D., . . . . .	537
Colleges, Journals, and Pharmacies. Geo. H. Clark, M. D., . . . . .	194
Colocynthis, . . . . .	446
Comments upon Dr. Wolff's Case. Geo. W. Sherbino, M. D., . . . . .	31
Concordance, Repertory of Characteristics of Materia Medica. Wm. Gentry, M. D., Review of, . . . . .	236
Confession and a Warning, A. E. W. Berridge, M. D., . . . . .	39
Congestion of the Lungs and its Dangers, by Thos. Nichols, M. D., Review of, . . . . .	96
Conium-mac., . . . . .	170, 446, 516
Consumption: Its Cause and Nature, By Rollin R. Gregg, M. D. Review of, . . . . .	233
Consumption Not Contagious, . . . . .	333
Convulsions, A Reportory of. By E. M. Santee, M. D. Review of, . . . . .	563
Corrections, . . . . .	191
Corrector Corrected A Notice of, . . . . .	238
Correspondence, . . . . .	321
Cough, Winter. Frederic Preston, M. D., . . . . .	286
Cranch, Edward, M. D. Watch the Effect, . . . . .	263
Crocus-sat., . . . . .	82, 446, 552
Croton-tig., . . . . .	446
Crude Drugs by Professed Homœopaths, The Use of. Geo. H. Clark, M. D., . . . . .	289
Cuprum, . . . . .	82, 219, 314, 316, 402, 446
Cuprum-acet., . . . . .	551, 552
Cyclamen, . . . . .	447, 552
Davis, F. S., M. D. The Importance of a Diagnosis, . . . . .	210

	PAGE
Definition of a Homœopathic Physician, The. Walter M. James, M. D., . . . . .	5, 103
Development of the Infant, The. A. McNeil, M. D., . . . . .	18
Dever, I., M. D., Syphilis and Gonorrhœa, . . . . .	513
Diagnosis, The Importance of a. F. S. Davis, M. D., . . . . .	210
Diarrhœa, a Case of. Wm. P. Wesselhœft, M. D., . . . . .	10
Diarrhœa, Chronic, . . . . .	309
Difference between the Old School and the New. Geo. H. Clark, M. D., . . . . .	100
Dietetic Gazette, The. Note of, . . . . .	288
Digitalis, . . . . .	256, 447, 552
Diphtheria, . . . . .	308, 324
Diphtheria. Wm. Steinrauf, M. D., . . . . .	324
Diphtheria and Croup, . . . . .	172
Diphtheria, Cyanide of Mercury in, . . . . .	173
Diphtherine, . . . . .	325
Disease of the Eye and Ear, By C. H. Vilas, M. D. Review of, . . . . .	430
Disease and Sickness, By Samuel Swan, M. D. Review of, . . . . .	142
Disinfectants, . . . . .	7
Dose, Another Dose about the. S. L., . . . . .	538
Dose, The Question of the, . . . . .	159
Dose, The Repetition of the. Geo. H. Clark, M. D., . . . . .	291
Dr. Imposed on, The, . . . . .	192
Drosera, . . . . .	86, 447
Drug Pathogenesis, A Plea for the Cyclopædia of, . . . . .	165
Dudley Pemberton, M. D. The American Institute Session of 1890, . . . . .	226
Dulcamara, . . . . .	447, 543
Dunlevy, Rita, M. D. Hermaphroditism Complicated with Extrophy of the Bladder, . . . . .	405
Dutton, J. M., M. D. Some Relations of Hysteria, . . . . .	108
Dynamic Forces of the Homœopathic Remedies, the. From Meeting of I. H. A., . . . . .	457
Dysmenorrhœa, . . . . .	309
Eating for Strength. M. L. Holbrook, M. D. Notice of, . . . . .	95
Eclecticism, . . . . .	6
Eczema. Wm. Steinrauf, M. D., . . . . .	462
Editorials, . . . . .	1, 49, 97, 145, 193, 241, 289, 337, 385, 433
Ehrmann, Dr. Frederick. In Memoriam, . . . . .	380
El Consultor Homœopatico. Notice of, . . . . .	141
Electricity in the Diseases of Women. By G. Betton Massey, M. D. Review of, . . . . .	329
Electric Railway as a Sanitary Measure, The, . . . . .	332
Electro-Homœopathy, . . . . .	167, 183
Emery, Dr. G. W. An Awful Blunder, . . . . .	267
Encyclopædia, Errors in Dr. T. F. Allen's, . . . . .	425, 477
Epidemic. The European. Geo. H. Clark, M. D., . . . . .	1
Epidemiological. Dr. Kunkel, . . . . .	313
Epilepsy, its Pathology and Treatment. Hobart Amory Hare, M. D. Review of, . . . . .	526
Errors, Fatal. J. H. Jackson, M. D., . . . . .	361
Erysipelas. G. M. Pease, M. D., . . . . .	505
Eupat-perfol., . . . . .	186, 393

	PAGE		PAGE
Euphorbia-off., . . . . .	447	Hahnemann Club of Terre Haute: Ad-	
Euphrasia-off., . . . . .	447, 552	dress before. W. H. Baker, M. D.,	63
Evans, L. Hamilton, M. D. The Rela-		Hahnemannian Homœopathy. Geo.	
tion of Drugs to Pregnancy, . . .	510	H. Clark, M. D., . . . . .	53
Every Thursday. Notice of, . . .	235	Hall, John, M. D. Brief Contribution	
Experience, Our Daily. Wm. Stein-		to the Elucidation of Syphilis, .	473
rauf, M. D., . . . . .	557	Hall, John, Sr., M. D. Query for the	
Extract from a Letter of W. M. Thack-		Readers of the Homœopathic	
eray, 1849, . . . . .	191	Physician, . . . . .	140
Family Homœopath, The. E. B. Shul-		Hallucinations, A Census of, . . .	335
dam, M. D. Review of, . . . . .	526	Hamamelis, . . . . .	44
Farley, Robt., M. D. Two Clinical		Hansen, Dr. Oscar. Copenhagen, Cases	
Cases, . . . . .	219	from Practice, . . . . .	401
Weakness after Urination, . . .	522	Harper's Magazine. Review of, . .	141
Fatal Errors. J. H. Jackson, M. D.,	301, 361	Heath, Alfred, M. D. British Medicinal	
Ferrum-magneticum, . . . . .	81	Plants, . . . . .	279, 295, 367, 415, 508, 553
Ferrum-met., . . . . .	447	Helleborus, . . . . .	367, 368, 369, 448
Ferrum-phos., . . . . .	118, 558	Help Wanted. Edward T. Balch,	
Fifth Annual Report of the Trustees of		M. D., . . . . .	286
Westborough Insane Hospital.		Help Wanted and Received. Edward	
Notice of, . . . . .	95	T. Balch, M. D., . . . . .	419
Fincke, B., M. D. Dr. T. F. Allen's		Hemorrhoids, "Reply to." A Synopsis	
"High Potency Allopathy," . . .	251	of a Case of. E. W. Berridge, M.	
Proving of Saccharum-lactis, . .	137	D., . . . . .	215
Flatulent Dyspepsia. Dr. José Nadal,	128	Henbane, . . . . .	497
Fluoric acid, . . . . .	559	Hepar-sulph., . . . . .	67, 94, 448
Fowler, S. Mills, M. D. A Proving of		Heart, The Treatment of Affections of	
Lachesis, . . . . .	421	the. Geo. H. Clark, M. D., . . .	385
Fun for Doctors, . . . . .	192, 336, 528	Hermaphroditism Complicated with	
Gailliard, Dr. Mono-Pharmacy, . .	438	Eutrophy of the Bladder. Rita	
Gee, W. S., M. D. Dr. Preston's Case		Dunlevy, M. D., . . . . .	405
in the August Number, . . . . .	413	"High Potency Allopathy." Chas. B.	
Gelsemium, . . . . .	80, 119, 448, 465, 552	Gilbert, M. D., . . . . .	256
German Homœopathic Congress, A.		Hitchcock, H. M. D. Homœopathy	
Dr. Alexander Villers, . . . . .	285	in New York City, . . . . .	45
Germ Theory and its Relation to Ho-		Homœopathic Controversy. The, . .	82
mœopathy, The, . . . . .	161	Homœopathic Physician Read? What	
Gilbert, Chas. B., M. D. "High Po-		shall a. Wm. Steinrauf, M. D.,	224
tency Allopathy," . . . . .	256	Homœopathic Prescription, by M. A.	
A Reply to Dr. T. F. Allen, . . .	255	A. Wolff, M. D. Notice of, . . .	237
Glonoinum, . . . . .	448, 552	Homœopathic Therapeutics, by Sam-	
Gonorrhœa and Homœopathy. T. F.		uel Lilienthal, M. D. Review of,	287
Allen, M. D., . . . . .	548	Homœopathic Treatment of Alcohol-	
Gonorrhœa and Straight Homœopathy.		ism, The, by Dr. Gallavardin.	
The Routine Treatment of Fresh.		Review of, . . . . .	328
Thos. Skinner, M. D., . . . . .	498	Homœopathy, Clinical Reports in their	
Grace Hospital, Detroit, . . . . .	191, 528	Relation to Homœopathy. Clar-	
Grafts. Geo. H. Clark, M. D., . . .	551	ence W. Butler, M. D., . . . . .	150
Grafts. W. A. Yingling, M. D., . .	520	Homœopathy, A Declaration for Pure,	182
Graph, . . . . .	448	Homœopathy, Dr. T. F. Allen on. E.	
Great Grandfather? Who was Your,	336	W. Berridge, M. D., . . . . .	421
Griffith, F. L., M. D. Clinical Cases,	185	Homœopathy, A Few Thoughts for the	
Guaiacum off., . . . . .	448, 552	Intelligent, by S. Mills Fowler,	
Guernsey's Answer, Dr., . . . . .	293	M. D. Review of, . . . . .	190
Guernsey's Defence, Dr., . . . . .	323	Homœopathy in New York City. H.	
Guernsey's Defence, Dr. A Reply to,		Hitchcock, M. D., . . . . .	45
Edmund Carleton, M. D., . . . .	377	Homœopathy in Pain. Rev. J. K.	
Guernsey, Egbert, M. D., and Ward's		Mendenhall, . . . . .	213
Island Homœopathic Hospital.		Homœopathy and Pathology. B. L. B.	
A. McNeil, M. D., . . . . .	381	Baylies, M. D., . . . . .	515
Guernsey, Wm. Jefferson, M. D. Veri-		Homœopathy Phenologically Consid-	
fications, . . . . .	475	ered. Geo. W. Sherbino, M. D.,	46
Verifications in the October Num-		Homœopathy, Pure, in the Colleges:	
ber, . . . . .	519	The Teaching of. Walter M.	
Guiding Symptoms of our Materia Med-		James, M. D., . . . . .	483, 537
ica, by C. Hering, M. D. Review		Hood, F. C., M. D. The Importance	
of, . . . . .	329	of Choosing the Indicated Rem-	
Gundlach, J. G., M. D. Sanicula		edy in the Minimum Dose, . . .	389
Spring Water, . . . . .	379, 426	Hoopes, L., M. D. A Case of Sporadic	
Gunpowder Stains, . . . . .	48	Cholera, . . . . .	282
Hahnemann, Autograph Letter of		Hydrastis, . . . . .	448
Samuel, . . . . .	492, 493	Hydroa, or Fever Blisters, G. M.	
		Pease, M. D., . . . . .	263
		Hyoscyamus, . . . . .	47, 82, 287, 448, 497
		Hypericum, . . . . .	449
		Hypochondria, . . . . .	229

	PAGE		PAGE
Hysteria. Some Relations of. J. M. Dutton, M. D., . . . . .	108	Jealousy. The Insanity of. Prof. Ball, . . . . .	494
Ignatia, . . . . .	130, 147, 449, 496, 550	Journal of Balneology, Review of, . .	524
Importance of Choosing Indicated Remedy in Minimum Dose. F. C. Hood, M. D., . . . . .	389	Journals to the Medical Profession, Value of, . . . . .	335
Indiana Institute of Homœopathy, . .	325	Kali-bichromicum, . . . . .	16, 356, 398, 449, 472
Indicated Remedy in the Minimum Dose. The Importance of Choosing. F. C. Hood, M. D., . . . . .	389	Kali-carb., . . . . .	117, 449, 516, 550
Infant Feeding. W. I. Thayer, M. D.,	347	Kali-iodid., . . . . .	74, 76
Influenza and Common Colds, the Causes, Character, and Treatment of Each, by W. T. Ferrie, M. D. Review of, . . . . .	235	Kali-phos., . . . . .	342
In Memoriam. Dr. Frederick Ehrmann, . . . . .	380	Kansas City Homœopathic College, The. Annette H. Waggoner, M. D.,	228
In Memoriam. Henry Noah Martin, M. D., . . . . .	45	Kate Field's Washington, Notice of, .	527
In Memoriam. L. S. Reynolds, M. D.,	139	Kent, J. T., M. D. A Study in Materia Medica, . . . . .	322
Insomnia and Neuralgia, . . . . .	171	Kraft, Dr. Frank. W. M. James, M. D., . . . . .	437
Intermittent Fever Treated by Friction. Geo. H. Clark, M. D., . . . . .	103	"Want to Know you Know," . . . .	359
Intermittent Pulse. Geo. H. Clark, M. D., . . . . .	4	Kreosotum, . . . . .	438, 449
International Hahnemannian Association, Notice of Meeting, . . . . .	233	Kunkel, Dr. Epidemiological, . . . .	313
International Hahnemannian Association, Eleventh Annual Meeting, . . . . .	338, 457, 540	La Grippe, . . . . .	316
Summary of Proceedings, . . . . .	338	Lac-can., . . . . .	306, 419
Dynamic Forces of the Homœopathic Remedies, . . . . .	457	Lachesis, A Proving of. S. Mills Fowler, M. D., . . . . .	421
Displacement of the Uterus, . . . .	540	Lachesis, . . . . .	81, 82, 276, 277, 476, 496, 551
International Hahnemannian Association's Last Meeting, The. Geo. H. Clark, M. D., . . . . .	337	Lager Beer, . . . . .	561
International Hahnemannian Association. T. Dwight-Stowe, M. D., . .	139	La Grippe. Dr. Edward T. Balch, . . .	128, 222
International Hahnemannian Association, Proceedings of. J. W. Thomson, M. D., . . . . .	410	La Grippe. Geo. H. Clark, M. D., . .	49, 102
International Homœopathic Congress of Paris, The. Walter M. James, M. D., . . . . .	145, 155, 157	La Grippe. S. W. Cohen, M. D., . . .	87
International Medical Annual and Practitioner's Index for 1890, The. By P. W. Williams, M. D. Review of, . . . . .	234	La Grippe. Dr. Kunkel, . . . . .	316
Introductory. G. H. Clark, M. D., . .	1	La Grippe. H. B. Stiles, M. D., . . .	86, 127
Iodine, . . . . .	15, 113, 404, 449	La Grippe. S. Swan, M. D., . . . . .	124
Iod-sulph., . . . . .	73	La Grippe. W. A. Yingling, M. D., . .	286
Ipecac., . . . . .	449, 466	Laryngismus Stridulus. Dr. Oscar Hansen, . . . . .	404
Iritis and Irido-Choroiditis, . . . .	171	Laryngismus Stridulus, Clinical Case. Ella M. Tuttle, M. D., . . . . .	91
Ischiophagus, An, . . . . .	331	Laurocerasus, . . . . .	450
Jackson, J. H., M. D. Fatal Errors, . .	301, 361	Lead Poisoning. Prof. Litten, . . . .	31
James. Walter M., M. D. Coincidences, . . . . .	193	Ledum-palustre, . . . . .	81, 450
The Definition of a Homœopathic Physician, . . . . .	5, 103	Lee, E. J., M. D. Aconite in its Relation to the Throat, . . . . .	131
Dr. Samuel Lilienthal, . . . . .	536	Annual Report and Election by the Managers of the Woman's Homœopathic Hospital of Pennsylvania, . . . . .	70
The International Homœopathic Congress of Paris, . . . . .	145, 155	Are the two Schools Alike? . . . . .	24
Dr. Frank Kraft, . . . . .	437	Bœnninghausen and Lippe, . . . . .	34
Notes on the Characteristics of Aloes, . . . . .	229	Mark Twain's Tribute to Homœopathy, . . . . .	203
The Teaching of Pure Homœopathy in the Colleges, . . . . .	483, 537	A Materia Medica Pura, . . . . .	504
The Ward's Island "Difficulty" in New York, . . . . .	188, 246	The Vital Necessity for Fresh Air in Consumption, . . . . .	77
Jarring, . . . . .	312	Lilienthal, Dr. Samuel. Walter M. James, M. D., . . . . .	536
Jarring. F. H. Lutze, M. D., . . . . .	382	Lilienthal, Dr. Samuel. See "S. L." Lil-tig., . . . . .	312, 543
		Lippe Society, Notes from past Meetings of. Geo. H. Clark, M. D., . . . . .	115, 304, 356, 478
		Lippe, Dr. Ad. The Repetition of the Dose, . . . . .	199
		Lithium-carb., . . . . .	81
		Litten, Prof. Lead Poisoning, . . . .	31
		Lutze, F. H., M. D. Duration of Action and Antidotes of the Principal Remedies, . . . . .	439
		Jarring, . . . . .	382
		Lutze, Dr. Paul. Hysterical Spasms Cured with Pulsatilla, . . . . .	366
		Lycopodium, . . . . .	79, 113, 134, 198, 278, 301, 351, 359, 364, 450
		Magnes-carb., . . . . .	16, 450



	PAGE		PAGE
Magnes-mur., . . . . .	74, 450	Natrum-muriaticum. A. McNeil, M. D., . . . . .	256, 418
Magnesium-phosphoricum and Schussler's Bio-Chemistry. Daniel W. Clausen, M. D., . . . . .	12	Natrum-muriaticum, . . . . .	16, 263, 345, 351, 391, 448, 451, 496, 517
Magnes-phos., . . . . .	14, 132	Natrum-nitrosum, Poisoning with, . . . . .	469
Malandrinum, . . . . .	305	Natrum-sulph., . . . . .	558
Mania. G. W. Sherbino, M. D., . . . . .	83	Neurosis of the Genito-Urinary System in the Male with Sterility and Impotence, The, by Dr. R. Ultzmann. Review of, . . . . .	431
Manganum-aceticum, . . . . .	450, 479	New Remedies, The. Edited by James E. Gross, M. D. Review of, . . . . .	238
Mark Twain's Tribute to Homœopathy. E. J. Lee, M. D., . . . . .	203	New York State Medical Society. Note, . . . . .	192
Martin, Henry Noah, M. D. In Memoriam, . . . . .	45	Niccolum, . . . . .	438
Martin, J. T., M. D. Some Results from the Abuse of Quinine, . . . . .	484	Nitric acid, . . . . .	16, 80, 295, 312, 358, 451, 472, 478, 513
Marum verum, . . . . .	450	Nitrum, . . . . .	451
Materia Medica, The Homœopathic, . . . . .	163	Nosodes, . . . . .	305
Materia Medica, A Plan to Reform the, . . . . .	164	Notes and Notices, . . . . .	48, 143, 191, 238, 288, 330, 384, 432, 528, 564
Materia Medica Pura, A. E. J. Lee, M. D., . . . . .	504	Notes from Past Meetings of the Lippe Society, . . . . .	14, 79, 115, 304, 350, 478
Materia Medica, A Study in. J. F. Kent, M. D., . . . . .	322	Nothing New. Note, . . . . .	6
McNeil, A., M. D. . . . .		Nuggets. C. Carleton Smith, M. D., . . . . .	549
The Development of the Infant. Translated from the German, . . . . .	18	Nuphar-lutea, . . . . .	554
Egbert Guernsey, M. D., and Ward's Island Homœopathic Hospital, . . . . .	381	Nux-moschata, . . . . .	17, 82, 452
Natrum muriaticum, . . . . .	256	Nux-vom., A Proving of. Ella M. Tuttle, M. D., . . . . .	523
The Proving of Natrum muriaticum, . . . . .	418	Nux-vom., . . . . .	121, 130, 170, 177, 186, 199, 221, 301, 354, 390, 452, 459, 468, 558, 559
The Sycois of Hahnemann, . . . . .	294	Nymphæa alba, . . . . .	554
Ulcers, . . . . .	471	Obstetrics. Wm. Steinrauf, M. D., . . . . .	299
Medical Topics, by W. A. Chatterton. Notice of, . . . . .	95	Of the Drug Curative. Dr. P. P. Wells, . . . . .	7, 60, 104
Medicine an Empirical Art. G. H. Clark, M. D., . . . . .	193	Oh-don't-ology, . . . . .	336
Medicines Mixed in One Prescription Absurd, . . . . .	179	Ointments and Oleates, by John Shoemaker, M. D. Review of, . . . . .	562
Medicinal Aggravation. Geo. H. Clark, M. D., . . . . .	481	Oleander, . . . . .	452
Medorrhinum, . . . . .	499	Oleum terebinth., . . . . .	73
Melilotus, . . . . .	266	On Mentagra and Tinea Capitis (Favus), . . . . .	73
Memphis Journal of the Medical Sciences. Review of, . . . . .	142, 287	Onosmodium, . . . . .	520
Mendenhall, Rev. J. K. Homœopathy in Pain, . . . . .	213	Opium, . . . . .	82, 170, 351, 452, 468
Mentagra and Tinea Capitis (Favus), By S. L., . . . . .	73	Oregon, Annual Address of Geo. Wigg, M. D., President of the Homœopathic Society of, . . . . .	370
Menyanthes, . . . . .	450	Other Side, The. Geo. H. Clark, M. D., . . . . .	535
Mephitis, . . . . .	80	Ovarian Neuralgia, Left. Dr. Oscar Hansen, . . . . .	404
Mercurius in Typhoid Fever. Geo. H. Clark, M. D., . . . . .	51	Oxygen, Verified Provings of. S. Swan, M. D., . . . . .	397
Mercurius, . . . . .	350, 451, 457, 506, 551	Oysters, Poisoning by. S. L., . . . . .	470
Mercury, . . . . .	250, 306, 320, 479	Papaver dubium, . . . . .	555
Mercurius Corrosivus, . . . . .	118, 172, 361, 451	Papaver somniferum (Opium), . . . . .	555
Merc-iod. and Kali-iod., Some Provings of. Ella M. Tuttle, M. D., . . . . .	473	Paralysis Agitans, . . . . .	176
Mercurius solubilis, . . . . .	313, 356, 500, 514	Paris International Homœopathic Congress, Proceedings of, . . . . .	157
Mezereum, . . . . .	451	Paris quadrifol., . . . . .	452
Microbes, Bacilli, Cocci. Geo. H. Clark, M. D., . . . . .	58	Partnership of Dr. Wm. S. Gee and Dr. H. C. Allen, . . . . .	191
Minuteness of the Dose, The. Geo. H. Clark, M. D., . . . . .	102	Pasteur, M., . . . . .	144
Mongrels and Allopaths, To. Geo. H. Clark, M. D., . . . . .	59	Pathology. G. H. Clark, M. D., . . . . .	55
Mono-Pharmacy. Dr. Gailliard, . . . . .	438	Payne, Clarence N. Another Criticism of Dr. Preston's Case, . . . . .	414
Morphine? No! No! No! M. A. A. Wolff, M. D., . . . . .	94	Clinical Cases, . . . . .	518
Moschus, . . . . .	451	Pease, G. M., M. D. Antiseptic Dressing, . . . . .	427
Muriatic acid, . . . . .	451	Erysipelas, . . . . .	505
Nadal, Dr. José. Flatulent Dyspepsia, 128		Hydroa, or Fever Blisters, . . . . .	263
Nash, E. B., M. D. Therapeutics of the Throat, . . . . .	410	Reports of Clinical Cases, . . . . .	307
National Magazine, The, . . . . .	142, 288	People's Health Journal. Notice of, . . . . .	564
Natrum, . . . . .	451	Perineum, . . . . .	231
		Petroleum, . . . . .	351, 452
		Petroselinum, . . . . .	16
		Philosophy in Homœopathy, by	

	PAGE		PAGE
Charles S. Mack, M. D. Review of	383	Psorinum, . . . . .	132, 453
Phosphorus, . . . 16, 17, 40, 67, 80, 82, 120, 147, 276, 277, 316, 321, 395, 402, 518,	551	Puerperal Convulsions, Charles P. Beaman, M. D., . . . . .	467
Phos-ac, . . . . .	453	Puerperal Convulsions, A Case. W. A. Yingling, M. D., . . . . .	464
Physical Diagnosis and Practical Urinalysis, by John E. Clark, M. D. Review of, . . . . .	525	Pulsatilla Nigricans, . . . 16, 27, 118, 280, 281, 318, 342, 366, 453, 499, 550, 552	
Physician? What Constitutes a Homœopathic. P. P. Wells, M. D., . . . . .	148	Pulsatilla, Hysterical Spasms cured with. Dr. Paul Lutze, . . . . .	366
Physiology. Geo. H. Clark, M. D., . . . . .	56	Pulte Quarterly, The. Review of, . . . . .	288
Phytolacca-decandra, . . . . .	79, 81, 453	Pure Homœopathy in the Colleges, The Teaching of. Walter M. James, M. D., . . . . .	483, 537
Picrotoxin, . . . . .	117	Pyrogen, . . . . .	342, 344
Platina, . . . . .	539	Query for the Readers of the Homœopathic Physician. John Hall, Sr., M. D., . . . . .	140
Poisoning by Antipyrin. E. W. Ber-ridge, M. D., . . . . .	89	Quinine, . . . . .	124, 480
Poisoning, Lead, . . . . .	31	Quinine. Geo. H. Clark, M. D., . . . . .	57, 102
Poisoning, Novel Cases of, . . . . .	469	Quinine, Some Results from the Abuse of, J. T. Martin, M. D., . . . . .	484
Poisoning by Oysters, . . . . .	470	Quinine, Abuse of. Wm. Steinrauf, M. D., . . . . .	352
Poisoning by Potatoes, . . . . .	469	Ranunculaceæ, . . . . .	279, 415
Potatoes. Poisoning by, . . . . .	469	Ranunculus acris, . . . . .	297
Plantago major, . . . . .	287	Ranunculus bulbosus, . . . . .	298, 453
Plants, British Medicinal. Alfred Heath, M. D., . . . 279, 295, 367, 415, 508, 553		Ranunculus Ficaria, . . . . .	296
Platina, . . . . .	453	Ranunculus Flammula, . . . . .	296
Pleuro-Pneumonia, . . . . .	307	Ranunculus repens, . . . . .	296
Plumbum, . . . . .	321, 453	Ranunculus sceleratus, . . . . .	295, 454
Pneumonia, . . . . .	307	Ratanhia, . . . . .	116
Pneumonia, Chronic or Interstitial. Geo. H. Clark, M. D., . . . . .	387	Recollections of General Grant, by Geo. W. Childs. Review of, . . . . .	429
Podophyllum, . . . . .	351, 453	Regulation of Travel and Traffic, Penna. State Board of Health, Notice of, Pamphlet, . . . . .	236
Polonia officinalis, . . . . .	509	Remedies, Duration of Action and Antidotes of the Principal. F. H. Lutze, M. D., . . . . .	438
Polyparmacy, or Mixed Prescriptions, 168		Removals, . . . . .	191, 331, 384, 432, 528, 564
Polyparmacy and the Single Remedy, 177		Repetition of the Dose, The. Dr. Ad. Lippe, . . . . .	199
Polytechnic, The. Notice of, . . . . .	432	Reply to Dr. T. F. Allen. Charles B. Gilbert, M. D., . . . . .	255
Potencies, Dr. Dudgeon on High. Geo. H. Clark, M. D., . . . . .	583	Reply to Dr. Allen's "Protest," A. P. P. Wells, M. D., . . . . .	247
Potency, How to Select the Proper. Editors, . . . . .	119	Report and Recommendations of International American Conference upon Postal and Cable Communication with Central and South America, Notice of, . . . . .	527
Practical Electricity in Medicine and Surgery, by G. A. Liebig. Review of, . . . . .	431	Report and Recommendations Concerning Sanitary and Quarantine Regulations in Commerce with the American Republics, Notice of, . . . . .	527
Practical Sanitary and Economical Cooking, by Mrs. Mary Hinman Able. Review of, . . . . .	430	Revue Homœopathique Française, Notice of, . . . . .	142
Precaution Against Consumption. Circular Number 20, by Dr. Benjamin Lee. Review of, . . . . .	237	Reynolds, L. S., M. D. In Memoriam, 139	
Precautionary Circulars of the State Board of Health. Notice of, . . . . .	384	Rheum, . . . . .	454
Pregnancy, The Relation of Drugs to. L. Hamilton Evans, M. D., . . . . .	510	Rhododendron, . . . . .	454
Prescriptions, Dr. Conan's Defence of Mixed, . . . . .	181	Rhus tox., . . . 27, 89, 92, 220, 263, 283, 307, 319, 454, 507, 518	
Preston, Frederick, M. D. Winter Cough, . . . . .	286	Rumex, . . . . .	93, 276
Preston, Mahlon, M. D. A Case of Syphilis, . . . . .	355	Rumex crispus, Some Remarks on. C. Carleton Smith, M. D., . . . . .	275
Preston's Case in the August Number. Dr., W. S. Gee, M. D., . . . . .	413	Ruta graveolens, . . . . .	454, 516
Preston's Case, Another Criticism of. Dr. Clarence N. Payne, M. D., . . . . .	414	Sabadilla, . . . . .	186, 316, 454
Prevention of Colds, . . . . .	48	Sabina, . . . . .	321, 454
Proceedings of the International Hahnemannian Association. I. W. Thomson, M. D., . . . . .	410	Saccharum-album, . . . . .	478
Proceedings of the International Homœopathic Congress of Paris, . . . . .	157	Sambucus, . . . . .	454
Progressive Homœopathy. Geo. H. Clark, M. D., . . . . .	58	Sanguinaria-can., . . . . .	219, 454
Protest. A. T. F. Allen, M. D., . . . . .	205	Sanicula, . . . . .	221
Provings. E. W. Berridge, M. D., . . . . .	320		
Proving of Saccharum-lactis. B. Fincke, M. D., . . . . .	137		
Psychology of Epidemics, The. Note, 143			

	PAGE
Sanicula, A Caution. D. W. Clausen, M. D. . . . .	284, 380
Sanicula Spring Water. J. G. Gundlach, M. D. . . . .	378, 427
Sanitary Entombment, by Rev. Chas. K. Treat. Review of, . . . .	94
Sarsaparilla, . . . . .	118, 454
Scientific Medicine. Geo. H. Clark, M. D. . . . .	2
Secale cornut. . . . .	80, 82, 169, 314, 454
Selenium, . . . . .	455
Selfridge, C. M., M. D. A Carbolic Acid Proving, . . . . .	420
Senega, . . . . .	455
Sepia, . . . . .	27, 223, 455, 516, 542
Sequelæ. Geo. H. Clark, M. D. . . . .	197
Sherbino, G. W., M. D. Another Answer to Allen's Protest, . . . .	310
Clinical Cases, . . . . .	47, 133, 219
Comments upon Dr. Wolff's Case, Homœopathy Phrenologically Considered, . . . . .	31
Mania, . . . . .	46
Verifications of Medorrhinum, . . . .	82
Silicea, . . . . .	84
Simillimum? What is the. M. A. A. Wolff, M. D. . . . .	16, 27, 44, 318, 455
Skinner, Thomas, M. D. "The Routine Treatment of Fresh Gonorrhœa and Straight Homœopathy," . . . . .	208
S. L. (Samuel Lilienthal, M. D.) Another Dose about the Dose, . . . .	498
Cases from Practice of Dr. Hansen, Epidemiological, . . . . .	538
Hysterical Spasms cured with Pulsatilla, . . . . .	401
Homœopathic Therapeutics, Review of, . . . . .	313
Insanity of Jealousy, . . . . .	366
La Grippe, . . . . .	287
Lead Poisoning, . . . . .	494
Mentagra and Tinea Capitis (Favus), . . . . .	316
Novel Cases of Poisoning, . . . . .	31
Poisoning by Oysters, . . . . .	73
Poisoning by Potatoes, . . . . .	468
Small-pox, . . . . .	470
Smith, C. Carleton, M. D. Nuggets, . . . .	469
Some Remarks on Rumex Crispus, . . . .	304
Snapping-Turtle Baby, A. Note, . . . .	549
Sol-nig., . . . . .	275
Southern Homœopathic Medical College. Note, . . . . .	144
Southern Journal of Homœopathy, The Change of Editor. Note, . . . .	464
Spasms, Hysterical, Cured with Pulsatilla. Dr. Paul Lutze, . . . . .	333
Spigelia, . . . . .	366
Spinal Concussion, by S. V. Clevenger, M. D. Review of, . . . .	455
Spongia, . . . . .	190
Squilla, . . . . .	455
Stammering, Treatment of. Note, . . . .	455
Stannum, . . . . .	144
Staphisagria, . . . . .	455
Statistics of Farms, Homes, and Mortgages, . . . . .	177, 456
Steinrauf, Wm., M. D. Abuse of Quinine, . . . . .	333
A Clinical Case, . . . . .	352
Diphtheria, . . . . .	184
Eczema, . . . . .	324
Obstetrics, . . . . .	462
Our Daily Experience, . . . . .	299
Sunstroke—Asthma, . . . . .	557

	PAGE
Steinrauf, Wm., M. D. What Shall a Homœopathic Physician Read, . . . . .	92
Stiles, H. B., M. D. La Grippe, . . . .	86, 127
Stow, T. Dwight, M. D. International Hahnemannian Association, . . . . .	139
Stramonium, . . . . .	46, 80, 82, 403, 456
Strong Medicine. Geo. H. Clark, M. D., . . . .	57
Strontiana, . . . . .	456
Sulphur, . . . . .	11, 17, 69, 74, 82, 83, 120, 134, 169, 184, 186, 224, 266, 278, 294, 317, 354, 363, 456, 497, 513, 517
Sulphur 55 M. A Funny Symptom. M. A. A. Wolff, M. D., . . . . .	407, 501
Sulphuric acid, . . . . .	456
Sunstroke—Asthma. Wm. Steinrauf, M. D., . . . . .	92
Surgery, A Good Subject for, . . . . .	48
Surgery the Opprobrium of Medicine, Geo. H. Clark, M. D., . . . . .	436
Swan, Samuel, M. D. La Grippe, . . . .	124
Proving of Syphilinum, . . . . .	318
Verified Proving of Oxygen, . . . . .	397
Sycosis of Hahnemann, The. A. McNeil, M. D., . . . . .	294
Sycosis, Some Symptoms of, . . . . .	536
Symptoms, The Value of Trivial. Geo. H. Clark, M. D., . . . . .	146
Symptoms, the Value of Trivial. G. M. Pease, M. D., . . . . .	315
Synopsis of a Case of Hemorrhoids, A. Buffalo, . . . . .	83
Syphilis, Brief Contributions to the Elucidation of. John Hall, M. D., . . . .	473
Syphilis, A Case of. Mahlon Preston, M. D., . . . . .	355
Syphilis and Gonorrhœa. I. Dever, M. D., . . . . .	513
Syphilinum, Proving of. Samuel Swan, M. D., . . . . .	318
Tabacum, . . . . .	170, 321, 456
Taraxacum, . . . . .	457
Tarent., . . . . .	69, 177
Teaching of Pure Homœopathy in the Colleges. Walter M. James, M. D., . . . . .	483, 537
Terebinth, . . . . .	456
Thayer, W. I., M. D. Infant Feeding, . . . .	347
Therapeutics, The Three Essential Precepts of Homœopathy, . . . . .	179
Therapeutics of Throat. E. B. Nash, M. D., . . . . .	410
Thompson, J. W., M. D. Proceedings of the International Hahnemannian Association, . . . . .	410
Three Years' Experience of Water Purification by Means of Iron, in Anderson's Revolving Iron Purifier, by E. Devonshire. Review of, . . . . .	231
Thrombidium, . . . . .	117
Thuja, . . . . .	133, 137, 305, 457
To Our Correspondents, . . . . .	7
Trained Nurse, The. Review of, . . . .	96
Transactions of the Homœopathic Medical Society of Maine. Review of, . . . . .	563
Transactions of the Homœopathic Medical Society of New York for 1889, and of Pennsylvania for 1889. Review of, . . . . .	235
Treatise on Materia Medica, Pharmacology, Therapeutics. John M. Shoemaker, M. D. Review of, . . . .	95



	PAGE		PAGE
Treatment of Snake Bites, Dr. S. Wier		Vital Necessity for Fresh Air in Con-	
Mitchell's Undignified dig at Hom-		sumption, The. E. J. Lee, M. D.,	77
oeopathy. Wm. B. Clark, M.			
D. Review of, . . . . .	236	Waggoner, Annette H., M. D. The Kan-	
Triticum, . . . . .	561	sas City Homoeopathic College,	228
Tuberculosis, Heredity of. Geo. H.		"Want to Know, you Know." Frank	
Clark, M. D., . . . . .	433	Kraft, M. D., . . . . .	358
Tuttle, Ella M., M. D. Laryngismus		Ward's Island "Difficulty" in New	
Stridulus—Clinical Case, . . . . .	91	York, The. Dr. Edmund Carle-	
A Proving of Nux-vomica, . . . . .	523	ton, . . . . .	272
Some Provings of Merc-iod. and		Ward Island Difficulty in New York,	
Kall-iod., . . . . .	474	The. Walter M. James, M. D.,	
Some Verifications, . . . . .	550	188, 246	
Two Clinical Cases. W. A. Yingling,		Watch the Effect. Edward Cranch,	
M. D., . . . . .	93	M. D., . . . . .	263
Ulcers. A. McNeil, M. D., . . . . .	470	Wells, P. P., M. D. A Reply to Dr.	
Ulcers, . . . . .	472	Allen's "Protest," . . . . .	247
Ulcus Ventriculi. Dr. Oscar Hansen,	401	Of the Drug Curative, . . . . .	7, 60, 104
Unattainable, The. Geo. H. Clark,		What Constitutes a Homoeopathic	
M. D., . . . . .	101	Physician? . . . . .	148
Unusual Symptom, An. Edward T.		Message of Sympathy from the I.	
Balch, M. D., . . . . .	136	H. A. to the Venerable Dr. Wells,	382
Urination, Weakness after. Robert		Recovery of, Geo. H. Clark, M. D.,	388
Farley, M. D., . . . . .	522	Wesselhoef, Wm. P., M. D. A Case	
Uterine Troubles, Surgical Treatment		Read at the Meeting of the Organ-	
of. Geo. H. Clark, M. D., . . . . .	243	on Society, of Boston, December	
Uterus, Displacements of the, . . . . .	540	28th, . . . . .	10
Vaccination, . . . . .	305	What is the Simillimum? M. A. A.	
Valeriana, . . . . .	457	Wolff, M. D., . . . . .	27, 132
Variolinum, . . . . .	305	Wigg, Geo., M. D., Annual Address of,	370
Veratrum-alb., 80, 82, 118, 214, 283, 313,		Wines and Liquors in Medicine. Geo.	
316, 457, . . . . .	519	H. Clark, M. D., . . . . .	51
Verbascum, . . . . .	457	Wolf, M. A. A., M. D. A Funny Sym-	
Verifications. E. T. Balch, M. D., . . . . .	223	ptom—Sulphur 55M., . . . . .	407, 501
Verifications. Wm. Jefferson Guern-		Morphine? No! No! No! . . . . .	94
sey, M. D., . . . . .	475	What is the Simillimum? . . . . .	27, 132, 208
Verifications of Medorrhinum. G. W.		Women's Hospital, The Annual Report	
Sherbino, M. D., . . . . .	84	of, . . . . .	70
Verifications in the October Number.		Yingling, W. A., M. D. Two Clinical	
Dr. Wm. Jefferson Guernsey, . . . . .	522	Cases, . . . . .	93
Verifications, Some. Ella M. Tuttle,		A Clinical Case, . . . . .	400
M. D., . . . . .	558	Grafts, . . . . .	520
Villers, Dr. Alexander, A German		La Grippe, . . . . .	286
Homeopathic Congress, . . . . .	285	Puerperal Convulsions, . . . . .	465
Viola-odorata, . . . . .	457		
Viola-tri., . . . . .	457	Zincum, . . . . .	16, 80, 170, 457
Vipera acuatica caranita, . . . . .	119	Zingiber, . . . . .	118



# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. X.

JANUARY, 1890.

No. 1.

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## INTRODUCTORY.

As was announced in the last number of this journal, the title-page will show a change in editors. Although there has been a change in editors, there will be no change in the principles which have been adhered to since the journal was started. It is our intention to still bear aloft the best that is known and thought of Hahnemann's Homœopathy. To this end we invite the co-operation of the followers of Hahnemann. It must be borne in mind that the editors alone cannot make an interesting and successful medical journal. And we wish to have all friends of the cause remember that our work is done with the sole aim of advancing the good work of genuine Homœopathy, and the only compensation we expect is the knowledge that we have attempted and succeeded in doing this. We propose to be aggressive. We feel competent to defend our cause, having good reason for the faith that is in us. We shall strike a blow for our principles whenever and wherever we think necessary. Now, as heretofore, let all who are in our ranks assist us in the fight, and we shall shrink from nothing that we think right. In the line of duty we are without fear, and we trust we shall be without reproach.

G. H. C.

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## EDITORIALS.

**THE EUROPEAN EPIDEMIC.**—The epidemic of influenza now prevailing in Europe is being treated by our friends the allopaths in their usual scientific method. They spray the affected mem-



brane with a solution of Quinine, freely and frequently applied, and give Quinine and other drugs internally. We can only sympathize with those who will have the effects of this treatment to overcome after the idiopathic affection has passed away. We are not in possession of sufficient data to enable us to say positively what will be the genius epidemicus, if we shall receive a visitation ; but, as Hahnemannians, we know that our patients will have no drug disease to battle with, and that when the original malady has gone they will be well. It now looks as though Camphor, Ars., Bry., and Nat-mur. will be called upon to assist in eradicating the trouble.

G. H. C.

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SCIENTIFIC MEDICINE, in the form of the Health Board of New York, recommends the following for the treatment of epidemic influenza : " Spray the affected membrane with a ten per cent. solution of Quinine freely and frequently, and take four or five times a day a pill made as follows : Quinine, 3 grs. ; Camphor,  $\frac{1}{2}$  gr. ; extract of Belladonna,  $\frac{1}{4}$  gr." *The New York Medical Record* says : " Very many of the pharmacists about town have very properly refused to make up the prescription, and very many patients who believe in wholesale cheap prescribing may follow the directions to their sorrow." How fortunate for patients of regular medicine that there stand between the prescription and its compounding the pharmacist. A short time ago a druggist in this city showed us a prescription which if compounded according to the prescriber's directions the patient would have taken a poisonous dose with each spoonful. Compare this with the simple grandeur of Hahnemannian Homœopathy, and yet some prate of the schools coming closer together. To confirm one's belief in Homœopathy one need only familiarize himself with the best the modern allopath can do. For illustration place the following beside our therapeutics of typhoid fever, or any other disease, and then say which is the scientific : The professor of materia medica and therapeutics in the " College of Physicians and Surgeons," New York, in an article in the *Medical News*, Dec. 14th, 1889, entitled " A Contribution to the Therapeutics of Typhoid Fever," says—and he is here speaking for his own school—he knows nothing of Homœopathy, evidently :—" The results in the treatment of typhoid fever continue to be so bad in general in this country as to constitute a chronic opprobrium to the art of medicine here. \* \* \* I believe, too, that the fact that we have not as yet arrived at anything at all resembling a general consensus of opinion [you need a law] regarding its treatment is in itself evidence that

many cases must be improperly [*sic*] treated, and that in this way much of our high mortality is to be accounted for," and so on *ad nauseam*. Place by the side of this Dr. P. P. Wells' article on typhoid fever, published as a supplement to Vol. IV of this journal, and it will then be seen how closely we are coming together. On the one hand is mere empiricism, on the other there is what law makes necessary. We are not dependent upon the contingent.

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"LA GRIPPE."—We trust our readers will report the results of their treatment in all cases of the prevailing epidemic which have come, and may yet come, under their care. We are able to record no ill effects after the first symptoms have passed away. On the other hand, our allopathic friends have reported many deaths from pneumonia and bronchial complications. To term these affections "complications" sounds nicely in the ears of the patients and their friends; but we should give them their proper place, and say they are due to the treatment. The *Medical Record* of New York, of January 4th, contains two articles on the subject. In these we find that "for headache, Antipyrin, ten to fifteen grains, with whisky, is administered. If the attack occurs in the morning a mild cathartic is administered, generally Calomel, in two to ten-grain doses. This is followed at night by a ten-grain Dover's powder and ten grains of Quinine. On the following day, when the catarrhal symptoms become marked, a pill of Morphine (gr.  $\frac{1}{10}$ ), ext. Bellad. (gr.  $\frac{1}{5}$ ), Camph. (gr.  $\frac{1}{2}$ ), and Quin. (2 to 3 grs.), is given every three or four hours.

"When the bronchitis is the prominent feature, a mild expectorant mixture is given, containing syrs. Licorice, Squills, Senega, chloride of Ammonia, Morphine, etc."

This on January 4th, 1890. On December 21st, 1889, the same journal editorially says: "We notice with considerable surprise the publication in the daily papers of a prescription for the threatened epidemic of influenza, which is said to be by the sanction of the Board of Health. We trust we have been misinformed on the subject, *as the so-called remedy is not only of no good whatever* (we italicize), but its use as directed is *liable to be attended with great danger*. Here is the prescription in question: 'For Russian influenza or "grip"—spray the affected membrane with a ten per cent. solution of Quinine, freely and frequently, and take four or five times a day a pill made as follows: Quinine, 3 grains; Camphor,  $\frac{1}{2}$  grain; extract of Belladonna,  $\frac{1}{4}$  grain.'

"Very many of the pharmacists about town have very properly refused to make up this prescription, and very many

patients who believe in wholesale cheap prescribing may follow the directions to their sorrow. We cannot believe that the publication of this prescription is made by the authority of the Health Board. If it is, the Board owes an explanation and apology to the profession and the public."

Is comment necessary? We have treated numerous cases of the affection, and have had no trouble whatever. We used the remedy indicated according to the homœopathic law, and in the potentized form only. We know that every Hahnemannian has done the same, and that patients have only praise for the good results.

G. H. C.

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ANTIPYRIN, the present cureall of our friends the allopaths, is now being charged with sins even greater than have been attributed to Morphia, Chloral, Cocaine, and other infernal drugs. It is so soothing to the nerves that the habit once formed, as with the other drugs of that class, it becomes almost impossible to discontinue it. Notwithstanding this, there are few prescriptions now given for headache and neuralgic affections which do not contain antipyrin. It is an excellent substance for making work for the followers of Hahnemann. And now Antipyrin is recommended by the leading allopaths of Paris for use in the treatment of the prevailing epidemic influenza. They wish it known that the malady is not so benign as has been reported, as bronchitis and pneumonia may follow. Here is a query which any Hahnemannian can answer: How much of the condition following the primary attack is due to Antipyrin? We know that it is not necessary for us to dwell on this point. Any one who has practiced Homœopathy conscientiously will attest the fact that he rarely sees any of the so-called sequelæ of disease. Why? He treats his patients rationally. He gives them no crude drugs. He has no drug disease follow. Dear allopaths, study the *natural* history of pathological affections, and you will then soon have sufficient acuity of vision to see that your sequelæ of disease is drug disease, modified by the patient's constitutional condition. Make a note of this, you who take the name of "homœopathist" and imitate the druggers.

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INTERMITTENT PULSE.—Nature is coy and will not bear scrutiny. The more closely you scrutinize her workings of the animal economy the more she will punish you. These words occurred to us the other day when a patient came to us in much fear generated by being told by a strange physician that his pulse was intermittent, and that it indicated serious heart trouble.



As a consequence he had been closely watching his pulse, and was, and had been, in a constant state of fear.

After examining his heart, and assuring him that there was no disease there, and then giving a remedy to assist him in mastering the fear, we were gratified to find soon after that he had lost all sensations about the region of the heart.

Too often are patients thus made miserable by a superficial diagnosis. It should not be forgotten that intermittent pulse, without other signs of heart trouble, has little or no significance. Serious organic heart disease may exist and yet there will be no intermittency of the pulse. On the other hand, intermittent pulse may be constant and be of no serious import whatever. Intermittent pulse without organic heart changes is a mere nervous trick. In a large number of cases it arises from some depressing emotion, such as fear or grief or worry, and it is usually found to be a common symptom of shock to the nervous system. The honest physician, he who has the best interests of his patient at heart, will always "be sure he is right before he goes ahead." It is the part of wisdom never to give a prognosis until all the factors entering into the case are duly considered. Even then the power for good of Hahnemannian Homœopathy should be kept in view before any case is pronounced incurable.

G. H. C.

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THE DEFINITION OF A HOMŒOPATHIC PHYSICIAN.—In the *New York Tribune* of December 19th is a report of the proceedings of The Homœopathic Medical Society of the County of New York. The subject under discussion related to the notorious differences concerning the Homœopathic Hospital board.

One of the most prominent of the members of the Society—a well-known homœopathic physician in New York City—made the following surprising statement:

"The definition of a homœopathic physician is: 'one who is a member of the Homœopathic County Medical Society.' No matter if I do have recourse to allopathic remedies, I am a homœopathic physician as long as I am a member of this Society. We should study pathology and surgery in common with allopaths, but the time is not come for us to be responsible for the actions of men not members of this Society."

According to this statement Homœopathy is not what is defined by Hahnemann; not what is defined by strictest logic, but what is indorsed by the New York Society!!

We always thought that Homœopathy consisted of the similar

remedy, the single drug, and the minimum dose; but instead it is membership in the New York Society!

Why should any man wish to pass himself off as a homœopathic physician if he does not believe in the principles? Why should he not manfully renounce the title and fellowship with its followers and practice his own system after the example set by the *New York Medical Times*?

Statements like the one quoted made as they are by prominent men in practice, do much harm to those who are on the threshold of a homœopathic career, and discourage those who are struggling along toward the light.

The rank and file of the profession will not try to make homœopathic prescriptions. They will not believe it possible to control pain with the dynamized similar remedy in place of the ordinary and ruinous anodyne. Yet it can be done, *is* done constantly. But those who do it rarely take the time and pains to report their successes to the journals. So we earnestly appeal to our readers to supply us with all the clinical experience they can, that we may be aided in our efforts to teach Hahnemannian Homœopathy, and give aid and comfort to all who are willing to stand by the cause, all who are disheartened by the follies of those who assume to be leaders in the profession.

W. M. J.

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NOTHING NEW.—The idea of germs acting as causes of so many diseases is an idea which has become almost universal in these days and is generally considered to be of modern origin. Yet we find it advanced in the year 1666 by a Dr. Charlton, who believed germs to be the cause of the great plague which visited England in 1665. These germs, it was said, laid microscopic eggs, which being snuffed up by a dog, caused all the symptoms of the plague.

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ECLECTICISM.—There is a so-called homœopathic physician of some fame (among those who do not know what Homœopathy is), who has been heard to say: "I practice Homœopathy, but when I have a serious case, or have failed in my prescription, I resort to allopathy." If this be "Homœopathy," we would rather *try* allopathy in the beginning. But there is no need to resort to allopathy while we have the "light" descended from our grand leader Hahnemann, which will never fail us, unless darkened by ignorance and cowardice.

TO OUR CORRESPONDENTS.—We beg the indulgence of all who write letters to us for the seeming neglect to answer them. We are overwhelmed with work. It is impossible for us to keep up with all the demands upon our time, and so our correspondence falls into arrears. We desire, however, to assure our readers that no communication sent us will be totally ignored. Though an answer may be long delayed, it will be sent ultimately. We therefore hope that our subscribers will continue to favor us with their epistles.

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DISINFECTANTS.—When will people in general, and physicians in particular, give up the fallacious, so-called disinfectants? Even at the present day one's olfactory bulb is made to revolt by the odors of Carbolic acid. It is our duty always to warn patients against the use of these nasty substances. They do no good, can only do harm, and cost a deal more than the only true disinfectant, fresh air.

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## OF THE DRUG CURATIVE.

DR. P. P. WELLS.

COMMUNICATED BY C. CARLETON SMITH, M. D.,  
PHILADELPHIA.

It is difficult not to sympathize with those who declare the absurdity of the highest potencies, if the power to cure be only material in its nature. We cannot conceive of *matter* being continually expanded through all these successive numbers, in a centesimal ratio, and yet, in the 40,000th number of the series retain a sufficient quantity of the matter of the drug to cure so important a disease as Asiatic cholera. And yet, this actually occurred in a case seen by the writer in consultation, which he knows positively was no other than this most formidable disease.

In the case there was no symptom wanting to establish its true character beyond a doubt. Veratrum was given, in ordinary numbers, high and low, for there was no question as to the simillimum for the case. The relief which followed each dose was partial and temporary, but in spite of all, the patient rather lost than gained, till the attendant in a happy moment determined to give his patient a dose of Fincke's 40,000th of this



drug. The result was an immediate and complete success. The convalescence was rapid, and in all respects satisfactory, though the patient, a female, was sixty years of age. This certainly shows the highest use. If there had been no other cure from these high potencies, this one is enough to raise their author far above the reproaches which have been cast upon him on their account. But there have been many cures from these when other preparations of the same drug have failed. We repeat, these many instances of cures from these potencies, where others, and lower, had failed, testify to the true nature of the curative principle, in the demonstration they present of a greater power to cure with a less quantity of matter; thus showing conclusively that the power that cures is *not matter*. To this conclusion we are compelled, unless we adopt the absurdity of the less exceeding the greater. These cures are many, and they are *facts*. For those who have no knowledge of the individual cases, to deny the facts they set forth, for no better reason than their own skepticism, is simply an impertinence, not deserving the least respect. We only add, that in this, the curative principle exhibits an entire disregard of the laws of matter, and obeys only its own, which are *laws of force*.

From these facts it seems evident that the curative principle may be, and has been, separated from the original material association, and made free to follow the laws of its own independent existence. It is no longer to be judged of as to its own habits, in the light of what is supposed to be known of the material bodies with which it was previously associated. Not being itself matter a true knowledge of it can be extended only by studying the principle in its new conditions and relations. Of this we may have more to say in the future. We only add to the fact here, as applicable to the next example we are about to introduce of its disregard of material laws, which we think goes far of itself to establish the truth advocated in this paper. Taken in connection with the other known facts of its operations and relations to other bodies and forces, the truth seems to be placed by them beyond dispute. The fact to which we allude has received from one of its distinguished observers the nomination of "*potentization by contact*." By this is meant to express in brief terms the fact that bodies charged with this curative principle, set free from its material drug association, impart it to neutral bodies, when brought into close contact with them, so that these last become medicated by this contact, and are made capable of affecting the living organism equally with other bodies similarly charged. By this contact they receive all the

powers, and enter into all the curative relations of the original charged body. In other words, medicated globules brought into contact with those which are not medicated, and being so kept for a time, impart the medicinal or curative power they possess to the whole mass of neutrals.

That this actually occurs has been testified to by many of the best observers. They have often *proved* the fact by experiment, and therefore their testimony must stand against whatever of denial or sneer, from those who have made no such experiment.

Of those who have proved and asserted this truth, we name only one, and he, so far as we know, was the first to observe it. This was Dr. Wm. C. Channing, late of New York City. To those who, like the writer, had the privilege of acquaintance with Dr. C. it is only necessary to mention his name, and he stands before them in memory as he was in life, a man of noble intellect, of rare attainments in secular and professional scholarship, with talents for observation surpassed by none, and an integrity never doubted by any, however they may have differed from him in opinions. Dr. C. first called the attention of the writer to the fact of potentization by contact, by relating what had then been his experience in the matter for a number of years.

He had carefully observed, noted and practiced on it long after he had established the truth of the phenomenon. It was of his experience with *Aconite* that he spoke. He had, at that time been carrying a phial in his pocket-case for a number of years, which, in the beginning, was filled with globules charged with the 30th centesimal potency of this drug, then the highest number in use. Many times, and whenever the phial was nearly empty of its charged globules, he added others, not medicated, shook the whole contents till they were well mixed, and then, after a short time, he used from the phial as at the first, and with the same practical success as before.

This, as we have said, had then been many times repeated, and at last as at the first, the same curative results followed the use of these globules so medicated, in this hitherto unheard-of way, as he had before witnessed some globules charged in the usual way. At that time *Aconite* was probably more frequently used in practice than at the present. In those of Dr. C. it continued to be as often a reliable curative as in the hands of any other man. In his practice Dr. C. was eminently successful as is well known by many of his surviving colleagues.

Now the globules as used by Dr. C. were medicated by contact or were not medicated at all. In the latter case, he used

blank globules for years supposing them to be medicated, deceiving himself, his patients (who were satisfactorily cured) and the public. He never once realized the specific effects of *Aconite*, though he thought he saw them constantly. His patients were cured by *nothing*, though apparently they were cured by medication. He and they were thus so grossly deceived that they never questioned the genuineness of the cures. If, as we have no reason to doubt, they were genuine, they are each of them witnesses to the truth of *medication by contact*.

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## A CASE READ AT THE MEETING OF THE ORGANON SOCIETY, OF BOSTON, DECEMBER 28th.

BY WM. P. WESSELHOF, M. D., BOSTON, MASS.

To illustrate three facts, first: The difficulty of getting a good record by the first examination with many of our patients, who come to be relieved of certain symptoms which to them are paramount and the most annoying at times, and if not absolutely denying the physician's right to further inquiries, they answer questions vaguely or as if they had no relation whatever to what they came "to be doctored for."

Secondly: To show how in the course of the treatment of a chronic disease, the reappearance of old forgotten symptoms should be estimated, which ought to have formed part of the first examination.

Thirdly: That it is right to regard the most recent symptoms in a case as the indicative ones for the selection of the remedy.

H. B. A., æt. twenty-seven. Blonde, thin, active. For a year troubled with diarrhœa. Always has a loose, watery stool at seven P. M. A second stool may follow any time during the day—early evening, forenoon, or afternoon. The stools are very urgent, often nothing but a little sputter with much flatus; is obliged to run to the closet as soon as he feels the desire, as he has but little power to retain stool.

Much rumbling of wind in abdomen after going to bed. Usually awakens an hour after going to bed with palpitation of heart; after passing flatus goes to sleep and rests easily the remainder of the night. At night he can pass flatus with confidence, which he could not do during the day. All the flatus he passes is hot.

Free discharge of prostatic fluid after stool. Constant sensa-



tion of soreness in lower abdomen, over os pubis, not sensitive to pressure. Tongue clean, appetite very good.

He avers that he has been well all his life up to a year ago. When a boy had *tinea ciliaris*.

Now, what bothered this young man more than anything was the discharge of prostatic fluid after the stool, and that is what he came to be "doctored for." We all know that such a solitary symptom will give us no indication for a remedy, and if I had known as much as I do now about this symptom thirty years ago it would have saved me much trouble and often anxiety. In every instance I should have made this symptom a secondary and not a primary indication, no matter what the wishes of my patients might have been. Instead of trying all the remedies enumerated under the head of discharge of prostatic fluid during stool, I should have worked at other more important features of the case. But how often is the young physician misled by the desire to put an end to the symptom which most disturbs the patient's mind, and especially if he comes with a diagnosis already concocted by some celebrity which aids and abets the fears of the patient?

The diarrhœa with the characteristic weakness of the sphincter, which would not allow him at any time, except in the night, to pass flatus, the flatus always being hot when passed; the clean tongue and good appetite led me to give him a dose of Aloes.<sup>cm</sup>

In a fortnight he came back with the following story:

One formed stool a day for the last ten days. No urgency. Passes flatus with confidence and is not hot. Has slept well every night, no palpitation. Very little prostatic fluid has passed.

*Reappearance of sick headaches, of which he had two violent ones during the fortnight.* These have been absent for over a year and were treated by Bromo-caffeine.

Now, consider for a moment my astonishment when my patient told me that he had always suffered from sick headaches up to the time his other troubles commenced! I gave Sac. Lac.

A fortnight later came the following report:

Stools have remained perfectly normal. No discharge of prostatic fluid for two weeks. Soreness in lower abdomen over region of bladder entirely gone. During the fortnight has had four severe headaches with nausea but no vomiting. Gets very faint at stomach every morning about ten o'clock—another old symptom which accompanied his former sick headaches. Just forty days after the dose of Aloes he received a dose of Sulph.<sup>cm</sup>

Three weeks later he reports:

No headache to speak of, one or two attempts at one, but not severe enough to keep him from work. His stools remain normal. Is troubled a little with flatulence which has easy and confident egress. Has gained four pounds during the last three weeks. Is discharged cured.

Inferences: Aloes cleared up the case for Sulphur. Sulphur would have cured his headaches when he first had them; and all the subsequent symptoms, owing to suppression of psoric headaches, were due solely to a masking of a case suited homœopathically and originally for Sulphur.

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## MAGNESIUM-PHOSPHORICUM AND SCHUSSLER'S BIO-CHEMISTRY.

DANIEL W. CLAUSEN, M. D., LATELY OF AUBURN, N. Y.

Magnesium-phos. is classed as one of the so-called "Tissue remedies" of Schussler, being considered by that physician the remedy for "diseases having their seat in the nerve fibre cells or in the terminal bulbs of the nerves, in the muscles or in the muscular tissue itself," and as the remedy for all spasmodic conditions; but the homœopath, who has long since learned the utter worthlessness of pathological and chemical theories as indications for the selection of curative agents in the treatment of disease, has also learned that bio-chemistry is not the law of therapeutics. Natural law is universal; its application is without a peradventure. Release an apple from your grasp, and it will never ascend to your zenith, but will invariably fall in a direct line toward the centre of the earth, in obedience to the law of gravity. A law that governs the science of treating human infirmities must also of necessity be a natural law. That there *is* a bio-chemic law, which is also a natural law, not a doubt can reasonably be entertained; but the appropriation of the "tissue salts," and their discrepancies in the living organism, belong to the domain of physiology—normal and perverted—rather than to the domain of therapeutics. If Schussler's bio-chemic theory involved a natural law for the treatment of disease, that law would be universally applicable to all cases of sickness; but, by way of example, how many out of fifty cases of epilepsy, or of any other "spasmodic" affection, could we cure with Magnes-phos., which is, according to Schussler, the true "anti-spasmodic" remedy? Moreover, the fact that Schussler's remedies are limited to twelve mineral salts, to the exclusion of

thousands of other resources of nature for the treatment of disease, shows the absurdity of his theory as a basis for therapeutics. If Schussler's remedies have effected cures in some cases—and they undoubtedly have—it is not because the bio-chemic theory furnished any correct indications for the selection of them, but because of their homœopathic adaptability. It is for this reason that the homœopath has a perfect right to take advantage of clinical experiences, even those of Schussler himself. The fifty cases above mentioned by way of example, could not all be cured by one remedy of Schussler's, nor perhaps by any other one remedy, but, if curable, they could be cured by the correct application of the one universal law governing medical treatment—the law of *similars*.

Let bio-chemistry have all due credit for the faithful performance of its work in the organism; but let Homœopathy alone have the credit for exciting the reactionary powers of nature against all morbid processes and influences, and thus preparing the way for bio-chemistry to do its work. If this is clearly understood, it will be seen how infinitesimal doses cause deficiencies in the living organism to be supplied, while they themselves contain not sufficient material to meet the deficiency.

I have seen a scrofulous child perform locomotion with perfect ease, run and jump, in a very few months after the exhibition of only two doses of Calc-ostr.<sup>6000</sup> (Jennichen), the child having previously been totally unable to stand. Surely there was not sufficient lime in those globules to "supply a deficiency" in the patient.

A misunderstanding of this causes the untaught allopath to laugh at us for administering a few globules of Ferrum<sup>200</sup> in a case of anæmia, while it causes the materialist in Homœopathy to resort to a trituration bordering closely on the crude drug, if he is not mongrel enough to prescribe a "tonic" or crude tincture from the drug store.

We have selected Magnesium-phosphoricum for discussion this evening, to illustrate the only one and universal principle upon which we may determine its adaptability to any given case of sickness; but our time will permit us to offer but *one* striking indication for its use; and the following case is given by way of illustration.

December 5th, 1889, Mrs. J. D., æt. thirty-four; has had facial neuralgia for the last eight or ten days, with "soreness of the front teeth" (upper and lower), pressure of the teeth together being intolerable. The pain began in the cheek bones, and gradually involved the upper and lower jaws on each side; it is aggravated by eating, also by drinking anything either cold or



hot, but is *ameliorated by dry warmth externally applied*. It is a constant ache in all parts involved, but every few seconds a severe throbbing occurs from the cheeks to the jaw-teeth, worse on lying down, when there is also a throbbing from the temples to the top of the head, "as if the head would come off." The patient feels as though she would "go crazy" with the pain when lying down or stooping forward; she also has sharp, lancinating pains passing through the decayed teeth (jaw and front). Rx, *Magnes-phos.* 12x (B. & T.), a powder at 1 P. M. In half an hour or less time the pain was so much worse that she thought she should "go wild" with it. Took another dose at 4 P. M., and in half an hour after this second dose the pain was gone—absolutely gone. At supper-time the same evening she could drink hot or cold with impunity, and could eat on the teeth without soreness. I believe the CM potency would not have allowed any aggravation such as followed the first dose of the 12x; but this preparation (12x) was the only one at hand when the patient was seen. December 8th (three days after), no return of the pain. The indication for *Magnes-phos.* in this case was the *relief from externally applied warmth*; and it would seem, from this case, that *dry warmth* is a special indication. Had the pain been an insupportable pain at night, compelling the patient to rise and walk the floor for relief, we should then have had a striking indication for the exhibition of the *carbonate* rather than the phosphate of Magnesium. *Magnes-phos.* is worthy of a careful study, and is likely to have a great sphere of usefulness in therapeutics. The last number of the *Medical Advance* contains an elaborate proving of the drug, besides one or more fragmentary provings of the same. The seventh volume of Hering's *Guiding Symptoms* also furnishes characteristics of *Magnes-phos.*; but we fear that too many "additions from current literature" have been made to the symptoms given in this volume, to merit our confidence in them all as "guiding symptoms." A very few more words, and I shall have finished. *Magnes-phos.* does not require to be given in "hot water," as Schussler advises. If the drug is homœopathically indicated, it may be administered in all faith, from the 30th to the CM, dry on the tongue, or dissolved in cold water.

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#### NOTES FROM PAST MEETINGS OF THE LIPPE SOCIETY.

The late Dr. Ad. Fellger, of this city, had a vast experience in the treatment of syphilis, and was eminently successful in

cases in which much Mercury had been given. Having been a surgeon in the German army for several years he was able to appreciate the difference between old-school empiricism and the law of the similars.

At a meeting of the Lippe Society, in April, 1881, Dr. Fellger said, in commenting on a paper on syphilis which had been read, that "the secondary symptoms of that affection might appear in two months, or it might be forty years." He then related a case of a man in the German army, who at sixty years of age had bubo in the groin which destroyed all the surrounding structures down to the intestines. Another case occurred in Philadelphia, in which the same condition was present. The odor was horrible, and the patient's wife refused to attend him. In this case the symptoms appeared forty years after the primary symptoms.

"You will sometimes find in the neighborhood of a Hunterian chancre a hard lump, which sooner or later spreads, but which has no direct connection with the chancre. The chancre will not heal if this node be present. Dr. Fellger had seen such cases horribly treated with immense doses of Mercury, but without any favorable result. The only good that came of them was the knowledge of the effects of Mercury that he had gained. There was stomatitis, ulcers in the various parts of the throat, swollen, ulcerated tongue, spasmodic cramps, inflammation of the skin, with burning, much perspiration, and great restlessness at night.

"The remedy for painful chancres is Merc-jod.; for painless chancres, Iodine. Where, in the latter stages the hair falls from the head, and grows more luxuriantly on other parts, Lycop. is generally the remedy. Falling out of eyebrows calls for Selenium. The stool of Mercury is diarrhœic, there is much straining and a little blood is passed; the blood occurs in drops. In the diarrhœa of Apis the blood is in strings, like small worms. The Apis diarrhœa seems to be due to an ulceration of Lieberkuhn's glands."

On the same evening in commenting on potencies, Dr. Fellger said that "our reason for believing in potencies is the same as in the case of the magnet. We cannot see the influence that passes from it to the bit of steel, to move it, yet we see the latter raised when the magnet is presented to it. Hence we believe in the magnetic state. The same idea holds with regard to potencies."

Reichenback proved the existence of the odic force by exhibiting the flames in a dark room, and even photographing them.

The positive pole gave a blue light, while the negative gave red. Water which has been magnetized with the positive pole is pleasantly sour; whilst water magnetized with the negative pole is bitter.

Dr. Lippe, at another meeting, on being asked for a remedy for toothache, worse at night, said, Mag-carb. has toothache coming on soon after getting to sleep. It wakes him up. The pain is dull and grinding, and compels him to get up and walk about the room.

Dr. Smith spoke of Phos., which has toothache coming on only at night. Acon. has a teasing, hacking cough, dry and harsh, worse at night. A case of severe otalgia, worse at night, puzzled me for a short time. I gave Puls., but it did no good. The patient was a reserved, unobservant man, and but little information could be extracted from him. Finally he said that he desired to cover his head from the air. Upon this indication Silicea was given and he got better immediately. The next night he was not forced to walk the floor.

Dr. Lippe said that a desire to cover the head from the air ran through Silicea as a characteristic. In answer to a question Dr. L. said that *Kali. bichromicum* has the symptom vertigo on rising in the morning.

The characteristic of *Petroselinum* is frequent passing of urine. This is Hahnemann's key-note. Dr. Lippe used it in gonorrhœa when there is a great deal of burning with frequent passage of urine.

Dr. Smith gave *Petros.* and cured a child who, when urinating, would press hard as if pressing something solid out. It would rub the legs together until the skin came off. Dr. Lippe had a case of secondary syphilis with intense pain in the penis. He gave Nitric acid and the pain was relieved, but the patient complained of feeling as though splinters were sticking in the penis. Dr. L. then found that the chancre had been treated with crude Nitric acid.

Dr. Guernsey, on the same evening, speaking of diseases of the skin, said that *Natrum muriaticum* is useful where there is intense itching of the eruption. And that *Agaricus musc.* has a more noticeable action on the upper part of the body. He had used Bromine in some skin affections where there was coryza present with corrosion of the margins of the nose.

Dr. Lee described the case of a child whose condition was very obscure and where emaciation was prominent. He kicked constantly with his left foot until the stocking came off. Zinc. cured the case.



Dr. Smith described a case of pneumonia, a child, who had been given up to die by two allopaths. He found the child plunging about the bed as if it were swimming. He would dive in among the bedclothes after the manner of a porpoise. Sulphur was given and the child recovered.

One evening Dr. Lee read a paper on "Our Materia Medica." Dr. Lippe, commenting: How do we know how to cure any affection, fungus hematodes, for instance? Was fungus hematodes found in the proving of Phosphorus? No, Hahnemann gave us the symptom: small wounds bleed much. This is all the indication we have in some cases of that affection, and yet see what Phos. will do. As to the question of the dose, the greatest liberty of opinion should be held; that has nothing to do with our law. Cures can be made homœopathically with any dose, but the best are made with the high potencies. The smaller the dose of the perfectly similar remedy, and the longer it acts, the more lasting is the cure.

Dr. Clark observed that those who followed Hahnemann in practicing Homœopathy were the positive men, while those who were not familiar with his teachings, and yet assumed his name, were always in doubt, in a negative state, and would say the success in practice is luck. Dr. Lippe, in illustration of his remarks, related the case of an old lady æt. about eighty years, with paraplegia. On the indication: ineffectual effort at stool and dry tongue, he gave *Nux moschata*, and improvement immediately began.

Dr. Fellger told of an extraordinary case of an artist who had severe pain in pit of stomach and inability to talk; he can only whisper a few words, when he becomes exhausted. If he attempts to speak he is attacked by this pain. The sight of a picture which is not artistically correct, or a caricature, causes intense nervousness, profuse perspiration, and pain at pit of stomach. No remedy but magnetism had been of the least avail. Dr. Fellger thought it incurable. Dr. Lee suggested that his symptoms could be defined thus: trifles irritate him. Dr. Lippe did not think this would cover the case. He could not suggest a remedy, and agreed with Dr. Fellger that, it having continued so long, and no remedy relieving, it was incurable.

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OUR NUMBER.—Readers will please notice that our number is changed from 1123 to **1125** Spruce Street. We have not moved our office. Our number was changed by the city authorities to make room for some new houses near us.

## THE DEVELOPMENT OF THE INFANT.

From *Der Zeitschrift für Homöopathic.*

TRANSLATED BY A. McNEIL, M. D., SAN FRANCISCO, CAL.

Watching the mental development of her baby, as well as its physical growth, is to every mother a source of the tenderest solicitude, and also of the purest maternal joy, even from the first days of its existence. It is, however, not generally known at what periods of its age that its powers of understanding are awakened before it manifests by expression, gestures, and sounds that sensory perceptions have made an impression on it. W. Preyer, in his treatise "*Die Seele des Kindes*" (The Child's Soul) gives us reliable information, and it certainly is of interest to wider circles to learn the final results of his most pains-taking observations.

In the beginning of its existence the nursling is deaf, and it is at least a month before we can perceive, by its starting at sudden loud talking, that hearing has begun. Three to four weeks more pass before it has so far developed that usual sounds, such as singing, makes an impression. But not till the age of three months does it rise to clear consciousness of these sensory impressions, for, about this time, it begins to turn its head in the direction from which sounds have emanated.

The sense of sight is sooner developed. From the second to the fourth day the infant blinks if its eyes are touched by a bright beam of light, and after a week it can move its eyes independently, *i. e.*, without moving the head also toward the object. At this time, almost without exception, there is observed squinting, *i. e.*, the two eyes are turned in different directions; this disappears almost always when it is almost three months old, and again returns at thirty-six weeks when an object is placed close to its eyes. Also there occurs, regularly, to the end of the twelfth week, turning up of the eyes, the pupils are directed upward, and the upper lid falls lower, and only the white remains visible. At the end of this time, *i. e.*, the twelfth week, the sensitiveness of the optic nerves is fully developed. This is easily perceived by the rapid movement of the eye-lashes which is always seen when an object is brought quickly before the eyes, or when it is frightened. This is always accompanied by suddenly raising the arms. At this age (twelve weeks) it

closes its eyes, when being bathed, in order to guard them from the water, while, during the first days and weeks of its life, the tepid water of the bath makes no impression on the open eyes.

The real power of the eyes in discerning is developed tolerably early—in the seventh week. Then the infant begins to fix its eyes on objects at the distance of a metre, and when they move its eyes follow them. Three weeks afterward the child's expression is more cheerful on seeing its mother's smiling face, brilliant or moving objects.

In three weeks more—that is, in the thirteenth week—it discriminates between light and darkness, which is easily seen by its expression when the dark room is lighted up. Between the seventh and eighth month it perceives its bottle at a distance of two to three metres, and at full nine months it manifests its desire for the bottle when it is being prepared, by pursing its lips and opening wide its eyes. When a year and a half old it tries to catch the smoke of a pipe or cigar, and of a jet of water. When two years old it has the ability to discern simple colors, but mixed colors not till after the fourth year; at this age its perception for forms begins, and it makes the first attempt to draw a circle.

Taste is sense which is first developed, and which continues through the period of nursing with the least change. Even during its earliest days the taste of sweets produces an expression of satisfaction, and it is preferred to that of any other.

Likewise an early development of the sense of smell may be shown, although not without exception, in the case of some nurslings. Many babies will not nurse the breast of a wet nurse who has an unpleasant odor from her person, but will immediately turn to another one. Whether a nursling recognizes its mother by the sense of smell, as in many young animals, is doubtful.

The sense of touch shows an early development. In a few days after birth the lips make the motion of sucking when touched. The tongue when touched also makes the motion of swallowing, and the palate as if retching, while the face reveals an expression of loathing. If the eyelids are blown upon or touched they close; the open eyes, however, as above mentioned, during the first weeks of life are not sensitive. The sensitiveness of the skin to mechanical influences, such as the pricks of pins, is present during the earliest days, and most clearly on the soles of the feet, palms of the hands, and the point of the nose. The very young infant shows its sensitiveness to temperature



very plainly on the skin, and still more in its mouth. The sense of touch is indistinct till about the twenty-fifth week ; not till after this period does it begin to discriminate the objects it touches ; for instance, its own hand from that of another.

Every nursling, even if only a few weeks old, according to the development of its sensory perceptions, which receives sufficient attention, expresses its different frames of mind, arising from its comfort or discomfort, so clearly that it might be called voluntary if it had the power of voluntary expression. Until the child can speak it can only reveal its feelings by gestures, looks, or inarticulate sounds. And there are mothers and nurses not a few, who, on account of the lack of power of observing, or from thoughtlessness, often leave an infant to fret and cry a long time before they discover what is necessary to its comfort. Certainly, only by very careful observation of the manifold expressions of the emotions of the nursling can it be understood. However, no mother should neglect the effort to comprehend her child as soon as possible.

Of course it demands the most careful observation to differentiate the expression of discomfort, which may arise from very different causes. Displeasure, which is frequently observed even in healthy babies, is expressed by shutting the eyes tight, turning the head, change of the countenance, drawing down of the angles of the mouth, and crying. From the twelfth to the twentieth week ill humor is always manifested by a peculiar movement of the naso-labial fold, and in the same way during sleep ; from the third month to the third year by the almost quadrangular shape of the mouth. The nursling does not groan or moan. When it cries, whether it is from pain or hunger is clearly seen by its sound. The cry from hunger is not constant, but is interrupted by longer or shorter intervals, and is not so high or violent as the cry of pain. The hungry baby shuts its eyes tight, while the tongue is broad and retracted into the mouth. If even with these indications, one is still at a loss to decide as to the cause of the crying, then if the breast or bottle is offered it is stopped immediately and it expresses satisfaction by a cooing sound.

During the first weeks of life the feeling of satisfaction after nursing is accompanied by fatigue in consequence of the exertion of sucking, and it usually sleeps. After the fourth week it indicates its satisfaction by cooing while its eyes are half open ; after twenty weeks by turning away its head from the breast or bottle. When tired the nursling stops nursing and crying and loses its interest in singing and music. During the first month

the infant sleeps sixteen hours a day and usually two hours at a time. In the second month, three to five; in the third, four to five; in the fourth, five to six, and sometimes even nine; in the sixth, six to eight. After the first year it sleeps thirteen, of which nine to ten are in the nighttime. In the third year, eleven to twelve of sleep in the night are sufficient without any in the daytime.

The nursling manifests joy or pleasure in many different ways. In the first three months it reveals its happiness by opening its eyes wide, which are brighter thereby, and by kicking, when it nurses, is pleased with its bath, when its diaper is changed or when it sees the loving face of its mother bending over it. After it has reached the age of twenty weeks, carrying into the open air gives visible pleasure. It also takes delight about this time in grasping with its little hands, tearing paper, seeing small animals, a watch, the ringing of a bell, and the pulling at some one's beard gives it great enjoyment. After the twenty-fourth week it manifests its joy by laughing, and after forty-four weeks by clapping its hands, and finally, somewhat later, it exults at its attempts to walk, when it is wrapped or unwrapped, when turning over leaves, when looking at pictures, etc.

There remains to be mentioned the expression of astonishment which is manifested at thirty weeks in opening wide its eyes and mouth; of fear, for instance, of small animals or certain things in the thirty-sixth week. Fear is an inherited, not an acquired emotion.

Hand in hand with this development of the sensory activity we have described goes the development of the will and understanding. These expressions of the will may be divided into reflex or involuntary in design or voluntary movements, and in imitation and expressive ones.

To the first category belongs retching and yawning, which is observed after the first week, and sighing, which occurs after the twenty-eighth week. Urinating is of like character, which the nursling of thirty-six to forty weeks distinctly announces, showing to the mother or nurse that the time has come to accustom it to cleanliness. Sucking is an instinctive movement which is inherited. Movements belonging to the second class usually develop in a definite succession. Starting from the first sensory perception, taste, what the infant tastes he wants to see. If it sees anything it desires to taste it, and as desire is in the baby only a wish to taste and this is increased when the object suits its gustatory appetite, it finally grasps after everything

it sees and puts it in its mouth to taste until it learns that not everything which it gets is enjoyably, that many substances either do not taste at all or taste disagreeably. Until the eighth month the nursling fails in its attempts to grasp objects—*i. e.*, it does not reach far enough; after that time its movements are more certain, so that it is able in the eleventh month to bring its bottle to its mouth, for instance, and to take a hair from the table and examine it. Yet all of these are to be considered experimental attempts. Not before a year and a half has it so far developed in its faculties that it makes accurate attempts to seize objects with *one* hand, and after four months more it finally has both hands in complete command.

About the fourteenth week it begins to hold its head aright for a moment at a time, and fourteen days afterward it is so far under control that it no longer falls to one side or the other. In progressive development the will of the child gradually controls the whole body. It begins to sit up from the seventeenth to the twenty-sixth week. It repeats the attempts, sitting longer at a time, so that at the forty-second week it is capable of sitting with its back straight for moments at a time. At the forty-fourth week it is able to sit up at will, and at the same time the legs become straight, so that the soles of its feet no longer turn inwards. If it has accomplished the first effort to stand in the fortieth week, it will be observed to climb up by chairs and stand, and in the forty-fourth week its ability to stand has become greater, and while doing so it stamps its foot on the floor. The first attempts to walk are made in the forty-first week; till then all children creep. From the first essay at walking to complete success, the period is different in different children, clearly because not only the strength of will but physical power must both be considered, for the latter must correspond with the weight to be supported. Only a fifth of all children walk entirely alone before the first birthday; two-fifths more before the fourteenth or fifteenth month; another fifth cannot dispense with leading strings on the hand until from the sixteenth to the eighteenth, and the last fifth require a still longer time. But this physical ability for a long time only extends to walking in a straight line. More complex movements, such as turning around, climbing, jumping, or throwing, cannot be accomplished before the second or third year.

Imitative movements are only observed proportionately late, not before the twenty-eighth week, as these require not only the perceptive faculties of the child, but also its memory must be



exercised, but, as we will show further on, this is active comparatively early, but only in a limited degree. So it is easily seen that young nurslings observe the movements of grown persons, but they are unable to retain these movements in their memory and imitate them, even if the physical powers are developed to an equal extent with the will. The expressive movements occur earlier, which in their effect express very nearly joy, pleasure, or pain, which have been already described. Smiling is observed in the seventh to the tenth week, when it has nursed, when a beam of light or music has pleased it. Laughter is seen in many children in the eighth week, and in others not before the seventeenth. From that time onward every nursling expresses its joy by laughter, which, week by week, becomes more lively and energetic till the twenty-fourth week; it may change to a jubilant happiness, in which, as is often expressed, tears of joy stand in its eyes.

New impressions early call out voluntary expressions in the infant, as early as from the third to the seventh week. It may be that during sleep dreams busy its senses, and make an impression on the taste, vision, or hearing, or it may be that while awake it for the first time sees, hears, or feels something. And during this period it may be perceived that new impressions have been made on it. About this time, say in the fourth week, tears will flow while weeping as an expression of physical pain.

Finally, as to kissing. While the baby under a year allows itself to be kissed, and may, even by opening its mouth and inclining its head toward its mother, or the one in whose arms it is carried, show its desire to be thus caressed, yet not until it is fifteen months old is it fully conscious of the meaning of the act, and purses its lips when kissed.

As to the development of the understanding, this depends in a great measure on inherited ability. The first to show its activity is memory, which appears long before the first thirty weeks, yet its development extends only to those things which are closely related to its needs. For example, it knows how milk tastes and smells, and therefore detects immediately any other drink that is offered to it, which is clearly seen by its manner of taking it. Its feeling about when nursing, and searching around with its mouth in order to find the nipple, reveal the activity of memory. And before the time mentioned, it recognizes father, mother, and nurse. That it sees the persons around it may be observed in the second month, but neither its features nor movements indicate that it discriminates between them. At four months it perceives on awaking, when alone, the absence of its

mother or nurse with displeasure and cries, and many an infant at this age will do so when its mother leaves the room. When it is five months, if its cloak and hood are shown it, or put on, it will manifest by its countenance or gestures that it wants to be taken out, and if this is not done it will cry. In the twelfth month it recognizes the hot stove or the flame of a candle, for it will, if brought near them, always try to keep back or turn aside.

The slowest sense to develop is speech, but we may observe in children mentally sound, that they understand well what is said to them before they are able to imitate the sounds, words, and syllables which they hear. Evidently the acquisition of language is influenced by the development of the memory. If it has a very early and high degree of perfection, so will speech come at an early age.

As soon as the infant succeeds in understanding the sounds of its future mother tongue, and before it really begins to speak, and is able to form the sounds correctly, it jumbles them all together of its own accord in all possible variations, and appears to derive great pleasure in making this babel of sounds. The order in which babies produce the different words is different in different individuals.

## ARE THE TWO SCHOOLS ALIKE?

EDMUND J. LEE, M. D., PHILADELPHIA.

It has always been understood that the so-called regulars and the homœopathists differed in their ideas of the true method of practicing medicine. Such is the prevalent idea held by the laity in general; such is the common opinion of physicians in general. The so-called regulars claim that they are guided in their practice by "experience," that they use any and every means which experience has taught them may be helpful in relieving suffering humanity. Such is the plausible claim of the regulars; but, in fact, it is not true, for, for the most part, they are guided solely by blind prejudice. They reject with scorn any claims for clinical superiority made by the homœopaths. They reject these claims without any adequate examination. They reject them solely from prejudice. A celebrated surgeon of this city, now deceased, said he knew the *Organon* was not correct, *because he had read it*.

In contrast to the allopathic idea of medical practice, we have that of the homœopath, who proclaims that he is guided, in his use of drugs, by a law ; that the use of this law enables him to prescribe with great accuracy, that it enables him to cure promptly and permanently.

In view of the conflicting claims of these two schools of medical practitioners, it is curious to read such statements as the following :

"We are surprised and delighted to observe how near Professor Wood's views accord with the great majority of those who call themselves 'homœopathic physicians,' and one has only to scan the literature of the different schools, as the writer has done, to observe how closely they approach each other in their methods, and if it were not for the name it would be difficult to distinguish one from the other."—*N. Y. Medical Times*.

This "surprise and delight" were called forth by an address delivered at Yale College, by Professor Wood. In this address he ridiculed the idea that there could be any law governing the action of drugs. Dr. Wood never enlightened us as to why there could be no law governing this branch of Nature's action ; probably he will do this later. There is now, and ever has been, a very marked difference between allopathy and Homœopathy, but there are every year more and more so-called homœopaths whose practice differs little from that of the allopath. It is the so-called "literature" of these eclectic-homœopaths that closely resembles allopathic literature. Genuine Homœopathy differs as much from allopathy as ever it did, and is, as ever before, greatly its superior.

The kind of homœopaths that ape allopathy seem to abound in New York. At a recent meeting of a committee of these so-called homœopaths with the Commissioners of Charities of New York, in regard to Ward's Island Hospital, a Commissioner, one Simmons, told the homœopaths: "You have a homœopathic college, and the young men whom it graduates should be homœopaths, if there are any. But it appears that these young graduates, who have been put on the house staff at Ward's Island Hospital have used forty-four pounds of castor oil and twenty-one pounds of magnesia sulph. Dr. Schley, here, is accused of giving large doses of antipyrin and other non-homœopathic remedies." Is it any wonder, in view of such facts, that Professor Wood should declare that homœopaths are either fools or knaves ?

If it be true, as the *Times* declares, that the "great majority of those who call themselves homœopathic physicians" are in



accord with Professor Wood's views, why then do they call themselves homœopathic physicians? Why do they masquerade under a false name? Dr. Wood says they do it for the commercial value of the name. Genuine Hahnemannian Homœopathy is a scientific method of practicing medicine. It is not only scientific, but it is also practical and most successful. It not only enables the student of its therapeutics to predict, in advance of any clinical trial, the value of any drug, but it also enables him to prognosticate as to the curability of any given case of disease. It is like a mathematical problem, in that having two or more known quantities we are able to find the unknown. Knowing the symptoms, we can readily find the curative remedy; or, knowing the remedy, we have a helpful guide in our prognosis; or, knowing the remedy, we have a reliable guide for selecting the diet; or, knowing the peculiar cravings of the appetite, we have a reliable aid in choosing the remedy.

Allopathy has no medical views that in any way "accord" with such scientific practice; it is a system of guess-work, as unscientific as it is unsuccessful. In the present epidemic of "La Grippe," now so prevalent here, the success of the old school has been simply ridiculous. Every day we hear of cases of persons dying of "influenza, followed by pneumonia;" a true statement would read, "dying of influenza, followed by Quinine." I have yet to hear of one case dying under the care of a Hahnemannian. About two weeks ago a little boy of eight years was attacked by the influenza; he was at the house of a relative who employs one of the best old-school physicians in this city. This regular saw the little fellow, and advised that he be sent home at once, as he seemed to be on the verge of a serious illness. When the little patient arrived home he complained of headache, pain in back and limbs; his face was very red, the skin very hot, his eyes injected and painful; he wanted to go to bed of his own accord. One dose of Belladonna was given to him; he went to sleep, and awoke in about three hours, got up, dressed himself, and went off to play with the other children. He has not been sick since, nor has he had any more medicine. Was the allopath mistaken in his opinion, or did the one dose of Belladonna cure this child in a few hours? I may add that Belladonna has in the same manner cured at least a dozen patients, in my hands, in the past two weeks.

Genuine Homœopathy is as far in advance of allopathy and Dr. Wood as it ever was. It is only the "literature" and the "views" of the pseudo-homœopaths that in any way accord with the teaching or the practice of the old school.

## WHAT IS THE SIMILLIMUM?

(AND MAYBE SOME OTHER\*STRAY QUESTIONS.)

M. A. A. WOLFF, M. D., GAINESVILLE, TEX.

April 9th, 1889, called to Mrs. J. I found her in bed very prostrated, coughing. All I am now able to state is that I gave her *Lyc.*<sup>1400</sup>, one dose, placebo, and *Puls.*<sup>200</sup>, the last one to be taken, if needed, on account of night cough. My second call was on April 14th, and my prescription *Sil.*<sup>72000</sup>. On April 30th Mr. J. came to pay his bill, and gave a glorious report. A few months later her mother (dispenser of homœopathic benefits, and, as she stated, agent for Micayah's Uterine Wafers) visited me before leaving for the North, and spoke very pleasantly of her daughter's condition. I then gave her Dr. Rogers' symptom-book.

December 27th.—Mr. J. brought me a statement from his wife, who cannot be induced personally to see a physician or permit any examination, but who would willingly consult in writing, however, only with me. The first part of the statement was but the number of groups of symptoms. The number of medicines these characteristic symptoms called for was twenty-three. Out of these, nineteen had only one, two, three, or four symptoms, the rest, *Bell.* seven, *Rhus-t.* seven, *Lycop.* eight, and *Sepia* nine. Arranging these symptoms as seen below according to our materia medica, and studying the four medicines I found *Sepia* to cover exactly thirty-five symptoms, and many of the rest by implication, analogy, or synonymic expressions. The symptoms are: "Easily tired out, restless, continually changing position, cannot at night get easy in any position or lie still a moment. Restless, easy in each new position but for a moment (*Rhus-tox.*). Always in a hurry, but accomplishes little. Cries very easily. Great tendency to start. Headache affects exactly half of the head. Intense aching in back of head and nape of neck. Boring pain in right side of head. Head hot, feet cold. Dark circles around the eyes, which are sunken. Light dim, as looking through a fog. Blurring sight, with falling of the womb. Black spots hovering and swimming before the eyes. Thin, watery, burning discharge from the eyes. Pale face and lips, with great debility. The complexion has a greenish hue. Grayish yellow color of face. Feels at times as if a ball were rising in throat. Weak digestion, the simplest food disagrees. Craves

salt, likes food very salty. Awakens at night very hungry. Feels as if there were a band around the waist. Much rumbling *left* side of abdomen. Walls of abdomen sore. Falling out of bowel from moderate straining at stool. Great bearing down in abdomen and back. Stool hard, difficult, seems to slip back. Rectum seems not to have power to expel stool. Urine scanty, dark. Frequent desire to urinate. Urine escapes on coughing, sneezing, blowing the nose. Red sand-like sediment in urine. Urine covered with greasy scum on standing. Yellow urine, looking like saffron. Cannot bear even pressure of clothing over womb. Great bearing down in region of womb; displacement, falling of womb; feeling that she must cross legs lest womb fall out. Pain in groin and womb, worse from slightest jar. Breast very painful through every monthly period. Menses too often, come every two to three weeks. Great weakness after menses. Menses profuse, lasting from five to ten days. Pimples on skin worse during menstruation. Palpitation of heart, cannot lie on back. The least motion causes palpitation of heart. An indescribable feeling about heart. Heart trouble, with numbness of left arm and shoulder. Backache, relieved by lying flat on back. Great bearing-down pain in back and abdomen. Bruised pain at lower end of spine. Severe pain through hips and in back. Great weakness of small of back and legs. Feet cold and clammy on removing stockings. Troubled much with coldness of knees. One foot cold while other warm. Hands and feet go to sleep easily. Numbness and paralytic feeling of legs. Feels stiff in rising from seat. Lumbago, severe aching of back. Icy coldness of feet. Dreams of great exertion, wakens exhausted. Feels well on rising, but gives out by noon. Pains come and go quickly. Sitting up an hour late is greatly felt next day. Upper part of body much thinner than lower part. Ill effects from overexertion. Bad effects from straining and lifting."

I expect that the taking down of these symptoms must have been for several days. But she concludes her list by stating: "Suffer sharp, darting pains in top part of the womb which only last a few minutes. Womb so low at times that it comes out on stooping down, and it can be seen with a mirror. Around the mouth of the womb are small granulations like grains of sugar and the neck presents a purple-red color. Suffer faintness at times, also during menstruation, after twelve hours stops entirely for twelve or eighteen hours—suffering like child-birth until it starts again with a great gush, when relieved until well." Prescribed *Sepia*.<sup>200</sup>, to be taken at once, plenty



placebos, and Sepia<sup>1600</sup> if relapse. At the same time gave prepared sponge and glycerole of Calendula in water,—the sponge to be used only when on her feet (during day).

January 1st.—Mr. J. stated that she had only used one powder (Sep.<sup>200</sup>) and delivered the following report:

“First day after using treatment felt very badly in the afternoon and did not sleep much all night. Had feeling in head *resembling* dizziness, or as if I were falling, and severe pain low down in back.”

“Second day I felt very comfortable and worked around on my feet nearly all day, but could not rest or sleep at night much.”

“Third day did not feel so well again, and had a great deal of water pass from the womb every time I made any exertion of a straining kind, like rising from a stooping position, or sneezing or coughing, etc.; felt very nervous and irritable and oversensitive to noises. None of the time have I suffered any *severe* pain since the first day, but an uneasy, nervous feeling some of the time yesterday; felt as if menses were on only not severe. Will have them Sunday, if regular, would feel much better if able to sleep.”

Six powders, Puls.<sup>200</sup>, for bed-time, *if needed*.

Jan. 7th, 5.30 P. M., received the following report: “Menses appeared on time, Sunday, Jan. 5th, much as usual. I do not suffer the first few hours (say about ten hours), after that I do. This time I commenced to have quite severe pain after nine hours, which took the form of labor-pains. They grew very hard about nine o'clock that night, and kept increasing until about 1.30 Monday morning, when I fell into the first sleep, and was much easier after that. Each pain brought a discharge of blood, but not profuse. After it began coming profusely the pains subsided, although they kept up all day Monday, until about ten o'clock at night. I was *quite* hot with fever till nearly morning (Tuesday). I felt too weak to rise and go about my duties. My head aches severely in the left side, down to the end of my nose. I slept very well after taking a sleeping-powder [Puls.<sup>200</sup>], but am very sore across me where the pains were, and weak, as though everything would fall out, and give way in back and abdomen. I was not suffering any *more* than usual, nor so long as I usually do, but I feel *utterly prostrated*. About one year ago I took a severe cold, and coughed a great deal, which always hurts me more in the lower part of the abdomen and lungs. I had for nearly two years before that suffered at my periods with stoppages. When my cough was

so hard I strained myself, which, I suppose, caused my menses to come two weeks too soon and *profuse*, and a stoppage, after which great prostration, from which I could not rally until time for another similar 'spell.' This kept up until the strange attack the last of February, when you came to see me. [She is mistaken, it was April, as stated above.] I have never been well since. I got up from that sickness very weak, and with frequent faintings. Most of the time I have worn an electric or magnetic belt, low down across the region of the womb, as a support, as it seemed without it I could not keep myself together. While at Hot Springs I had a painless period, which only lasted four days, and it was an epoch in my life, for I never passed through with more than three or four easy periods in my life. Mother told a physician in Chicago about me, and he told her if I would take one drop of the tincture of Ergot for one week, then skip a week, etc., it would help me; that my womb was flabby [how did he know?], and did not contract. I tried it one week, and my period came on (too soon), and, though painful, no stoppage. The next month I took it again, and it came six days too soon, with labor-pains and no stoppage, but too profuse. Have not taken it for a month now, but had about the same kind of time. I have always got up and assumed my duties when I would have done better to have been idle, but I have a horror of being an invalid, or always complaining of myself while my husband is at home, so I always put the best side out to him, and don't tell him much of how I feel, unless I look badly and he asks me. Then I have often felt so badly that I could hardly keep up, and when he comes I seem to feel better (whether it is the joy and happiness of having him with me, or the influence of magnetism about him, I cannot tell), but after he goes I feel gradually let down, just as the effect of a stimulant leaves any one. His presence has always affected me in this way. I feel less pain when he rubs me, or lays his hand on me. I think I am very easily affected. I have written quite lengthy, but thought it might acquaint you with my state of health and temperament."

The messenger left me about half an hour, when, after having studied Dysmenorrhœa treatment in Guernsey, I decided on sending *Carb. anim.*<sup>3000</sup>. At 6.30 P. M. he received it with orders if his mother were not better in two hours to return, else to come in the morning, January 8th. He did not return before the morning. The powder had acted well, she felt much better, had slept good, but had sweat profusely. [Was that a pathogenetic effect?]

I sent this morning Cimicifuga third, one drop three times a day till next period. Did I do wrong?

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### COMMENT UPON DR. WOLFF'S CASE.

EDITORS OF HOMŒOPATHIC PHYSICIAN :

Dr. Wolff's case cannot be covered by the simillimum of any remedy.

She has a complexity of symptoms that cannot be covered by one drug. I have had just such cases to treat. They can be cured by careful study and the application of the similar remedy.

If I were going to begin on a case like that I would take down the most prominent symptoms, the most peculiar ones, and those that have appeared most lately. The distressing ones should be relieved first, and I should let the rest alone for some future time; in this way these symptoms and the disease condition will be vanquished.

After each remedy has done all it can, after proper waiting, attack the next group of symptoms that are the most distressing, and so on to the end, till there is no more battle to fight.

I will enumerate some of the most prominent remedies :

Ars., Bell., Cal-c., Carbo-veg., Can., Caust., Lyc., Lach., Medorrhinum, Nat-m., Rhus-tox., Sepia, Silicea, Sanicula, and "others."

The watery discharge was caused by the local remedies, and "cannot" be accepted only as an irritant to the vaginal mucous membrane.

GEO. W. SHERBINO.

ABILENE, TEXAS.

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### LEAD POISONING.

PROF. LITTEN, BERLIN.

A compositor suffered for many years from lead-intoxication in its lighter forms, when he began to suffer from a high grade of hyperæsthesia in the occipital region, in the muscles of the neck, shoulders, and upper extremities, combined with such an enormously increased reflex irritability in these muscles that merely touching the neck, a soft stroking, even a subjective turning of the head, sufficed to produce a lasting stiffness of the muscles with consequent very severe clonic twitchings, lasting for several minutes. With every turn of the head it was drawn



downward to the shoulder of the same side and fixed in that position by the stony hardness of the muscles till the clonic twitchings began. No improvement from Sulphur bath and Kali-iod. This man of fifty-one years showed also a most interesting cutaneous affection: diffuse psoriasis over the whole body, existing since infancy, nearly disappearing at times and then rapidly spreading again over the whole body, so that hardly a spot remains free. The largest spots, with intensely red edges, and pale centres, covered with innumerable scales, are on the anterior surface of the lower extremities; on the posterior part of the neck and back, having the appearance of an old psoriasis; existing for years; and nobody, who saw the patient two weeks before, with a clean skin, could believe that the eruption is only two weeks old; beyond these were small fresh eruptions of the size of pinheads. It was a hereditary eruption dating back to infancy.

A. M. C. Z., 72-89.

The pains of this compositor are well described by Litten, VIII, symptoms 2,583-2,590; and the tremors, 3,570-80; epileptiform spasms, 3,611, etc.; but as consciousness remained intact, they do not deserve the name of epilepsy in this case. 3,670, rigidity and tetanus; 3,796, excessive hyperæsthesia of the cutaneous nerves.

How that chronic psoriasis proves again the old psora theory of Hahnemann, going and coming for half a century and still uncured, notwithstanding all antiparasitic treatment. Did the long-continued lead poisoning have anything to do with that stubbornness of the cutaneous disease? What is meant by psora? In my lectures on the *Organon* I consider it a minor; a deficiency of vital power, a morbid disposition to disease, but even Hahnemann never satisfied me; let the philosophers of Homœopathy shed light upon this doctrine, though we know full well this hereditary or acquired disposition.

S. L.

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## THE HOMŒOPATHIC CONTROVERSY.

From the *New York Sun*, January 8th.

There seems to be no important principle of medicine or of morals involved in the demand of the Homœopathic County Society for the reconstruction of the medical board of the Homœopathic Hospital on Ward's Island, New York. The Commissioners of Charities and Correction are asked to make the change simply on the ground that some of the physicians of the hospital do not belong to the society.

As we understand it, there is no practical difference between the methods of treatment pursued by members of the society and physicians of the homœopathic school who are outside of that association. According to Dr. Guernsey, the President of the Ward's Island Medical Board, not a single strict homœopathist now remains in New York. The two hundred members of the society and the two hundred other practitioners whom Commissioner Simmons speaks of as claiming the title of homœopathists, both use the remedies of the old school of medicine when they deem them needful. Therefore the society, in asking for the reorganization of the hospital staff, does not contemplate any change in the methods of treatment. It wants only that the principle shall be established by the Commissioners of making appointments solely from among the members of the society.

That is a purely private matter of no public concern. But it is of public interest and importance that the homœopathic school, in all its divisions, substantially acknowledges that it no longer adheres to the principles of Hahnemann to the exclusion of all other. As the County Society defines a homœopathic physician, he is simply a member of that association. As the resolution of the Ward's Island staff defines him, he is merely a physician who believes in the principle of like cures like, but because of it is not deterred from "recognizing and making use of the results of any experience," "or any therapeutic fact founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care." That is the actual practice at the hospital, and it is not denied that it is the actual practice among homœopathic physicians generally at this period.

The line of demarcation between the homœopathic and regular practitioner is therefore almost entirely obliterated. The principle of like cures like and of minimum doses is, of course, abandoned, when it is no longer made of universal application; and the theory that the medical art should make use of whatever experiment and experience have proved efficacious for the alleviation of disease, lies at the basis of the old practice. The regular school is not debarred from using homœopathic remedies, water-cure remedies, or any other methods of treatment, so long as they serve its purpose. It has the whole world to choose from, and the homœopathists are exercising the same liberty. Hence homœopathic physicians have joined the County Society of the regular school as brethren in science; and the abolition

of the old rule of the regulars forbidding consultation with homœopaths is tending still further to wipe away the distinctions between the two. There are also many homœopaths who would give up that title as no longer describing their school in its later development. They would call themselves the New School, and yet there does not seem to be a logical reason for any separation at all in the ranks of medicine if on all sides the principle announced by the Ward's Island staff is adopted and followed.

It is fortunate for the healing art that such substantial union is the plain drift of the period. That art is old, and yet its greatest progress has been made within very recent years; and along lines now pursued its future advance is sure to be even more rapid. But this progress requires that investigation and experiment shall not be hampered by theory. There should only be one school of medicine, the school which addresses itself to making a science of the art.

[NOTE.—We specially commend the above extract to the attention of our readers.

It gives a good idea of the humiliating spectacle the homœopathic school presents before the world by reason of the atrocious conduct and teachings of men who only *pretend* to practice Homœopathy; but who really despise the system as much as the most hostile practitioner of the old school.—EDS.]

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## BÖENNINGHAUSEN AND LIPPE.

EDMUND J. LEE, M. D., PHILADELPHIA.

In an article in the *Medical Advance*, a year or so ago, under the above title, a false impression is unintentionally given of the late Dr. Lippe as a homœopathic prescriber; we read: "But in some particulars his (Lippe's) methods differed so widely from those of Bœnninghausen that a comparison can scarcely do justice to either. The former was slower, more cautious, and, as they say, 'dug out the remedies' by hard work, and like all workers of that kind, made fewer mistakes." Further, we read: "The one (L.) was often found exhibiting flashes of true genius in his searches for, and seizing upon the true remedy for his case; the other (B.), with utmost coolness and deliberation, sought for the secret of relationship between sicknesses and their causation, which when once struck was pursued with the pertinacity and unwearied persistency of the sleuth hound, till he found the true remedy for his case, and this he did with a certainty which came



near to uniform success." As we have said, these opinions give a false impression, especially to those who did not know Dr. Lippe personally. This impression has already borne fruit, for at the meeting of the I. H. A., of 1888, a speaker alluded to Dr. Lippe as "a flash prescriber." We reiterate, this view of Dr. Lippe's success is misleading. No physician can succeed in the practice of homœopathic medicine unless he studies and studies hard at that; no one knew this better than the late Dr. Ad. Lippe. He was endowed with the gift for drug analysis and a quickness of perception in discerning the symptoms of his patients which were the indicators for choosing his drug. The only other "genius" Dr. Lippe possessed was a disposition to work hard and a profound admiration for the *Organon*. There are few men of even moderate ability who cannot achieve all of Dr. Lippe's "genius" if they work as hard as he did and in the right way. Bœnninghausen was undoubtedly a grand prescriber, and it is an honor for any one to be compared with him; but we doubt if he, or any other physician, ever studied out his cases with more unvaried care than did the late Dr. Lippe. No flashes of genius could have enabled one to cure the many chronic cases which he cured; diligent, careful work is required to gain such results. The necessity for this diligent study of the *Materia Medica* was impressed upon Dr. Lippe by his preceptor, the late Dr. Wesselhœft; often have we heard him tell how his preceptor made him thumb his *Materia Medica*.

Often has the writer heard Dr. Lippe say, in speaking of different physicians, "he does not study his cases thoroughly," or make some such remark, indicating the importance he attached to such study. The writer was once associated with Dr. Lippe in the care of a very difficult case, in which he has frequently known him to spend hour after hour patiently conning the *Materia Medica* (this, too, after nearly forty years spent at such study). Many a time would he say, "Come over to-night and we will study the case over;" frequently have we asked his advice; before replying he would almost invariably take down a book or two to look up the remedy desired. Dr. Ad. Lippe was in no sense "a flash prescriber."

Genius has been defined as an unlimited capacity for hard work; this genius Dr. Lippe had and used it diligently (and in the right way) for forty odd years. Was it then any wonder that he could occasionally prescribe quickly? He never prescribed until he felt sure of his remedy, and though he was quick in seeing the peculiar features of his patient's history, and rapid in selecting his remedy, he was never so quick as to be termed

*careless.* There is a distinction to be noted here; one man may spend hours on a case and then make a careless prescription; another with better trained mind may prescribe in a few minutes and make a very careful, accurate prescription.

We do not pretend to affirm that Dr. Lippe did not make mistakes; very probably he would have been the last man to deny legions of them; but we do believe that as a homœopathic prescriber neither Boenninghausen nor Hahnemann himself would suffer in comparing clinical results with their great admirer—Adolph Lippe.

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## ARGENTUM NITRICUM—MENTAL AND NERVOUS SYMPTOMS.

W. M. BUTLER, M. D., BROOKLYN, N. Y.

Few remedies by their provings have shown greater affinity for the nervous system than *Argentum-nitricum*. Brain and spinal cord alike in a large number of provers evinced marked evidence of functional disturbance of a nature to produce serious organic lesions. To the consideration of some of these symptoms and their clinical significance we now invite your attention.

The mental symptoms developed, although not as numerous and varied as under many other drugs, are characteristic and important. Certain provers while under its influence seemed almost entirely devoid of brain power. Imbecile in appearance, their weakened memories, childish talk, and inability to fix their minds upon any subject, makes a vivid picture of dementia. In other provers various delusions of a depressing character appear, these, with their hypochondriacal anxiety about their sufferings, and belief that they are neglected and despised by their families, with fear of death and a belief that all their business schemes will fail, and their souls ultimately be lost, remind us of melancholia. Thoughts of suicide, especially by drowning, also occur. A peculiar mental anxiety is also developed, which forces the patient to be constantly busy, still he accomplishes nothing. Constantly in a hurry he hastens to fulfill every engagement, certain that he will be too late, although he may have an hour to spare.

A marked peculiarity of the drug is its development of illusions of sight, as, for instance, when walking the streets the corners of houses seem to project so that the person fears that he

will run against them. The sight of high houses causes dizziness, and the impression that the houses on both sides would approach and crush him. Another characteristic hallucination is that he sees snakes around him, upon himself and all the objects about him. Upon the strength of this hallucination we once cured a severe case of melancholia with Argent-nit.<sup>cc</sup> after numerous other drugs had utterly failed. Another symptom similar to that of formication, common in many nervous diseases, is that of a creeping, crawling, itching sensation upon the scalp, as of vermin, or as if the roots of the hair were pulled, causing a constant desire to scratch.

While not as frequently demanded in mental as general nervous disease, when indicated Argentum-nit. will prove speedily and permanently efficacious.

Prominent among the head symptoms we find vertigo, appearing under different conditions—Vertigo in the morning, as if she were turning in a circle, causing her to sit down to prevent falling; vertigo with complete, though transient, blindness, general debility of the limbs and trembling; vertigo and staggering gait; vertigo when walking with eyes closed. Staggers when walking in the dark; has to seize hold of things. On stooping while walking, he staggers. These symptoms of dizziness with defective co-ordination have been repeatedly verified, and have proven most valuable helps in the assignment of this drug to its most important place in therapeutics. Farrington asserts that vertigo is almost always present when Argent-nit. is the remedy.

Several important headaches also belong to this drug.

Among the provings we find excessive congestion of the head, with heaviness and stupefying dullness of the head. Pain in the head, the head appearing enlarged, if on only one side of the head the eye of the affected side appears enlarged. Boring and digging in the left frontal eminence. Digging and tumultuous raging in right hemisphere of brain until he lost his senses. Digging, cutting motion through left hemisphere of the brain, extending from the occiput to the frontal protuberance. Infraorbital neuralgia left side. Neuralgia of head and face, which always takes away her eyesight. In regard to these pains Farrington says: "It is one of the best remedies we have for hemicrania. This is not a simple neuralgia. It is a deep-seated neurotic disease, and by some is supposed to be of epileptic nature. It comes periodically; for its relief the remedy under consideration is one of the best. There is frequently boring pain in the head, which is worse in the left frontal eminence.



This boring is relieved by tight bandaging of the head, hence the wearing of a tight-fitting silk hat relieves. It is excited by any mental emotion of an unpleasant kind, or by anything that depreciates the nervous system, as loss of fluids, loss of sleep or mental strain. Sometimes, the pains become so severe that the patient loses his senses. The paroxysms frequently culminate in vomiting of bile or sour fluids."

Arg-nit. is also useful in a peculiar intense neuralgia characterized by a sensation as if the bones of the head were separating, or the head was enormously large; also in prosopalgia, when the infraorbital branches of the fifth pair and the nerves supplying the teeth are involved.

In both of these forms of neuralgia the pain may be so severe as to produce a loss of consciousness, and is usually attended by a sour taste in mouth, and terminates with sour or bilious vomiting.

We recently relieved a severe case of facial neuralgia with Arg-nit. guided by the characteristic desire for sugar, the patient being obliged to eat a coffee-cupful at a time to satisfy the longing.

Another neuralgia, in which this remedy is often indicated, is that of the stomach. It is especially adapted to nervous women, when the pain has been produced by excitement and loss of sleep, or occurs during the menses. The patient complains of a lump in the stomach, and a gnawing, burning, griping pain, which, commencing in the pit of the stomach, radiates in every direction. This is accompanied by a feeling of great distension as if the stomach would burst. The pain is aggravated by the slightest amount of food, and relieved by bending double and firm pressure. These paroxysms end by the vomiting of stringy, gluey, tenacious mucus and the eructation of enormous quantities of wind.

We also find among the recorded symptoms severe pains through the chest, with irregularity or intermittance in the action of the heart, inability to breathe, with cold face and hands and faintish nausea. This vivid picture of angina pectoris suggested its use in this disease, and the clinical results have verified the correctness of the proving.

Farrington accords to this remedy a high rank in the cure of epilepsy, which has been caused by fright, or occurs during menstruation. He gives as the strong indicating symptom in this disease dilated pupils, for days or hours before the attack, the patient being exceedingly restless, with great tremulousness of the hands after the seizure.

In no nervous disease has this drug been more frequently credited with efficiency than in locomotor ataxy. Nor have the provings of any other drug presented more symptoms analogous to those recognized as characteristic of this disease. The intense vertigo in the dark and inability to stand with the eyes closed, general defectiveness in muscular co-ordination, shooting pains in different parts of the body, band-like constriction of bowels, epigastrium, chest, or waist, paralytic symptoms of bladder, numbness of finger-tips, legs, and feet, formication of arms and legs, general tremulousness, with weakness and exhaustion make an almost complete portrait of the disease, and warrant us in expecting results from this drug when applied to these cases. When positive organic changes have taken place in the cord we do not believe that a cure can be effected by any medicine, but in the early stages, before any permanent lesion has occurred, we know, from the overwhelming testimony of numerous writers in our school, and from our own experience, that much good can be accomplished from the exhibition of Argent-nit.

If Argentum-nitricum had proved utterly useless in every field of disease, except that of the nervous system, we should still be under countless obligations to its provers for their services in assigning it a permanent place in our medical armamentarium.

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## A CONFESSION AND A WARNING.

E. W. BERRIDGE, M. D., LONDON.

We are none of us infallible, not even the youngest of us ; and much may be learnt from our failures and errors, if we will only have the manly candor to admit and point out our own shortcomings, that our colleagues may learn to avoid them also. There are, of course, some who are never wrong, at least in their own estimation. To this class belong the physicians who, while pretending to be Hahnemannians, declare that in certain cases of severe pain anæsthetics must be resorted to ; the cause being, in their opinion, not their own fallibility in the selection of the *simillimum*, but a supposed imperfection in Homœopathy itself. An instance of this conceited egotism occurred a few years ago, where a physician, after finding that a single dose of a high potency failed to relieve severe pain, in fifteen minutes, immediately lost heart, if not his head, and proceeded to give an anæsthetic ; and though high potencies subsequently relieved this

very patient of pain quite as severe, instead of admitting the bare possibility that he had not selected the *simillimum*, declared "I am now convinced" [Query, from the evidence of one case?] "that there are cases, though I have found them few and far between, where the palliative measures must be adopted." Will it be believed that *only two or three years after* this occurrence, this same physician had the unblushing effrontery to declare, "I state it as fact, that *during the past twelve years* I have *never once* prescribed \* \* \* an opiate or allopathic palliative." What confidence can be placed in the assertions of a physician who so flatly contradicts himself in his endeavor to exalt himself above Hahnemann, and yet to find favor in the sight of Hahnemann's disciples?

Mrs. — was safely delivered of her first child Sept. 30th, 1883. About the beginning of October she began to suffer much from piles, for which the physician who delivered her prescribed *Sepia*<sup>201</sup>, which did no good. I was then consulted by letter on October 16th and prescribed *Phosphorus*<sup>cm</sup> (F.C.), which much relieved her, entirely removing the following symptom, "When sitting or reclining, shooting pains like fine darting needles in vagina near orifice; they come on suddenly like several beats in succession, then stop and begin again after a measured interval; they come without apparent cause four or five times daily, continuing with their short intervals of cessation for ten or fifteen minutes; a slight change of position seemed to give relief at times; needle-pains in rectum also near orifice, sometimes alternating with the vaginal pains, but more often independent."

On October 28th I was telegraphed for. She had been riding in her carriage, and the cold wind had blown on her right side, causing sciatica. I found her with constant dull pain on outside of right hip as if it had been hammered; worse by lying on left side, better by lying on right side and by hot applications. Intermittent shooting pain from right hip to knee and toward centre of abdomen. Cramp-pains in right calf and back of right thigh when stepping on right foot or stretching out the right leg. Her attendant physician had given her *Arsenic* and *Colocynth*, which were "like so much water on a duck's back." I prescribed *Ammonium-carb.*<sup>2300</sup> (Jenichen) every two hours till better.

On November 4th reported pains in the hip better after first dose; after further improvement she continued the medicine at longer intervals. Now the hip pains are gone.

December 7th.—Her attendant physician sent me the follow-



ing report : Since November 22d she had suffered intensely from piles, and was getting worse, in spite of the *Carbo-animalis* and *Natrum-carb.* Examination showed three piles *very much inflamed*, the smallest the size of a pea ; the largest almost the size of the end of the thumb, and situated nearest the vagina. On pressing upward on this largest pile on the side next the anus, there is felt a knife-pain in pile and extending far up rectum. This pile has a hard internal kernel, and shrivels on touch. Feels weak, nervous, despondent, and utterly incapable of doing anything. After stool, excessively sharp pain like a knife cutting ; she walks for relief, and it is better from hot fomentations. Numbness of right leg, with feeling of a tight ligature just above knee, and feeling of a large ball pressing in just below hip at back of thigh ; this makes her walk lame, and right leg feels shorter than left. These leg symptoms were at first felt only before and after stool, but now continue even when there is no stool. Stool of waxy consistency, gray, comes down and then stops, causing sharp, cutting pain. Hands and feet become suddenly cold. Before and after stool, coccyx feels pushed out with burning. Pain in piles after stool, *relieved by lying on right side.* Enema of water at temperature of 100° is of but little use ; the anus seems constricted, so that it is painful and difficult to pass the enema. Had a slight stool yesterday evening from the enema, and the subsequent pain was agony, lasting till this afternoon. Rectum seems inactive, as if the stool escaped only by gravitation ; the stool passes slowly, and does not all pass, but some remains behind in rectum. Sensation of utter mental incoherence, thoughts are not ready, and expression labored ; the incoherence is with regard to grammar ; she says it is as if she were feeling her way in a foreign language. She says she suffers more pain than in her confinement, *and she wants chloroform.*

Now surely here was a case where I should be told that "something must be done," and "where the suffering was so great that it would be inhuman to have withheld a means of relief" which those physicians who live, move, and have their being in the late Sir James Simpson, "know from long (allopathic) experience if the agent was not incompatible with recovery." But being a Hahnemannian, though not claiming to be infallible, I preferred to select the homœopathic remedy in order to cure, rather than give "an agent which was not incompatible with recovery." I sent *Kali-carbonicum*<sup>cm</sup> (F. C.), a dose to be taken at once, and repeated every twelve hours. The first dose was taken on December 8th.

December 10th.—Patient came up to London, and called on me. No pain to-day on pressing pile. Less lameness on walking this morning. No stool to-day. Mental state continues.

*Kali-carb.*<sup>3 cm</sup> (Fincke) every twelve hours.

December 11th.—Last evening, after the first dose of the new potency, used an enema of warm olive oil; constriction of anus very much less, and no pain or difficulty with enema. Stool after enema was painful, but nothing like the former pain. The pains before and after stool of the same character, but less intense. No lameness or other leg symptoms after last stool. For thirty minutes, no pain after stool, but on pressing the pile the cutting returned, lasting some time. Stool still slow; rectum inactive, does not seem to expel all its contents, as if the stool only passed by force of gravitation. No coccygeal pains in connection with last stool. Hands and feet less cold. Incoherence less yesterday, and still less to-day. Less despondency.

*Kali-carb.*<sup>em</sup> (F. C.) every twelve hours.

December 13th.—Patient tells me that the burning pain referred to on November 28th, which had continued getting worse, improved after the first two doses of *Kali*, and is better now. Constriction of anus not returned; can introduce enema easily. The knife-pain felt as the stool descended, which was getting quite unbearable till she commenced the *Kali*, is comparatively slight now. After stool, has the same kind of pain, but less. Piles less inflamed, and less pain on touching them. Mental symptoms better. This morning after stool had the ligature sensations, and the lameness, but no other leg symptoms, and even these were less than formerly. Feet cold at times. Action of bowels still incomplete, rectum seems to lose power at end of stool, but not so much as before coccygeal pains returned, but less. Feels decidedly better on the whole than two days ago.

*Kali-carb.*<sup>em</sup> (F. C.) every twelve hours.

December 19th.—Says she “feels herself improving from hour to hour.” Had a stool morning of 15th; concomitant symptoms the same in character, but infinitely less in degree; the itching, however, seems to increase; the leg symptoms were present, though modified; had to lie down only an hour or two. Every morning following had about two sharp knife-pains; no stool nor desire for it, and no other pains. Evening of 18th, another stool, some pain, but stool quite healthy. No mental symptoms. *Kali-carb.*<sup>c</sup> (F. C.) once daily for seven days.

December 27th.—Now I saw the fatal error I had committed in repeating the dose after so great an improvement. I should have allowed it to act. Patient's letter of to-day says that on

December 20th she had stool, and never were mental symptoms worse. On 21st another stool; the pain equaled anything she had ever suffered, and continued for thirty-six hours. Next stool on 24th not so painful. On 26th suffered agony, and at the time of writing, fourteen hours after the stool, the pain is at times excruciating. The sensation is no longer like a cutting knife, but more like pulse-beats and burning. There is a dead heavy ache all the time, and sensation as if the bowel protruded, the pulse-beats and burning being present at frequent intervals. The large pile does not appear to have the kernel it did, and there is no knife-pain on pressing it. No return of the leg symptoms. She says, "my faith and hope are entirely gone;" that she will give Homœopathy one more trial, and if there is no decided relief from pain, must seek it elsewhere. (Query, in *Chloroform*?)

Such was the result of too frequent repetition of the dose. I wrote to her to lie on her back with the hips raised, after stool; to retain the stool as long as possible, until there was a strong desire, and then use enema of warm olive oil. *Hamamelis*<sup>cm</sup> (Fincke) every four hours for six days. On studying this case again after the further experience of six years, I am not at all sure whether this was the best treatment. Perhaps it would have been better to have given no medicine, and let the aggravation pass off. It will be noticed that the relief from the *Hamamelis* was not so marked as from the first few doses of *Kali*. However I did not give her *Chloroform*, which is something to be looked back to with satisfaction.

December 31st.—Writes that early in morning of 29th, after several days constipation, there was a stool, not so painful. Later, on 29th, the medicine arrived. In evening, after taking two doses, a second stool came suddenly; there were pains in abdomen, as if she had eaten green fruit, though her diet had been as usual. There was great pain in the piles, with burning and throbbing afterward, so that she nearly fainted; profuse perspiration at the time, followed by chilliness; the pains lasted about eighteen hours. The large flabby pile was not at all sensitive; but under it, and extending beyond it like a half-moon around anus was something that felt hard and was very painful. The posterior pile had doubled in size since 29th. Feels in her head as she did when a girl, after being half-starved in a school in Germany; nails have ridges in them. This evening (Dec. 31st), there was another stool, followed by pain for about ten hours. The hard, tender swelling under the anterior pile has gone; less burning and throbbing, and only in posterior pile.



Says she thinks the medicine has helped her. Begins the last powder to-morrow. After finishing it, is to take *Hamamelis*<sup>45m</sup> (Fincke) three times daily for six days.

January 19th, 1884.—Was telegraphed for. Found she had had a relapse from catching cold, and had come up to London on a visit to a friend, a professed homœopathic physician. This doctor, though knowing that she was my patient, took her to consult a mongrel. The result of this consultation was, that the patient was ordered to prevent the bowels from acting. When I saw her she had not allowed herself to have a stool for eleven days, except a slight one on ninth day, which she could not restrain, though all this time there was great urgency. The doctor had given her several medicines in rapid succession, with only temporary relief. Further particulars I could not learn, as the doctor, annoyed at his failure, and at the patient sending for me, purposely absented himself during my visit, merely leaving a list of the medicines used. I found the patient lying on the couch, with frequent and great urging to stool, which was frequently passing in spite of all her efforts to prevent it. Feeling of a large mass low down in rectum, which felt paralyzed. Constant aching and burning in rectum, relieved by rubbing. *Stool feels as if it slipped back*, with frequent urging, and a little passing. Feels a fear of suicide. Ordered her to allow the bowels to act at once, and prescribed *Silicea*<sup>cm</sup> (F. C.) every three hours till relieved.

January 20th.—Took first dose yesterday at five P. M. At six P. M., soft, enormous stool, first part large in size; one knife-pain as first portion of stool passed, but very little afterward. The stool did not seem to slip back after the first dose, but there was a steady slow stool without exertion. About seven P. M., another similar stool. At nine A. M. to-day, a third stool, with a little knife-pain at first portion of stool, and rectum felt weaker. After this stool, the external piles, which had vanished, re-appeared, and the rectum felt all loose and flopping about, as if it would prolapse on walking; this became better in course of day. In evening, another stool. Mental condition better. To-day, since early dinner, on lying down, hollow feeling in left chest, as if heart would stop, with feeling of impending danger, relieved by sitting up (never had this symptom before). Very sleepless for last two nights. Burning and throbbing in piles after stool, but decreasing each day. Urine only passes when straining at stool; no desire for it, and it comes without force; this is rather better to-day. Last two nights, when awake, creeping on back of hands. *No more medicine.*

March 6th.—Weaned baby this morning, and consulted me for trouble with the breasts, which *Bellad.*<sup>cm</sup> (F. C.) quickly relieved. Says that after taking the *Silicea* the bowels moved painlessly every day, and she has never had any real pains since, though the piles have not quite gone.

This case shows,

(1) The extreme danger of a too frequent repetition of the high potency.

(2) That even in the severest pains it is unnecessary to give *Chloroform* as an anæsthetic, our law being infallible.

(3) That patients who leave a Hahnemannian for a mongrel physician have to pay the penalty of increased suffering, in addition to the mortification of being compelled to return to their first love.

### HOMŒOPATHY IN NEW YORK CITY.

Please take notice !

“The definition of a homœopathic physician is ‘one who is a member of the Homœopathic County Medical Society.’ No matter if I have recourse to allopathic remedies, I am a homœopathic physician as long as I am a member of this Society.

“TIMOTHY F. ALLEN, M. D.”

As reported in the *N. Y. Tribune*, Dec. 19th, '89.

This is the New York City standard !

No principles are necessary !

Homœopathy is but a sectarian name !

The Homœopathic Medical College and Hospital of the city of New York, of which Dr. Allen is the Dean, supports and upholds these doctrines, and this accounts for the fact that its graduates do not know anything about the principles, laws, and practice of Homœopathy.

The founder of Homœopathy proclaimed a law irrefutable, eternal, which should govern its practice. This has been thrown to the winds, because it compelled deep research and scientific procedures. Principles are of no value—popularity and power are everything.

H. HITCHCOCK, M. D.

### IN MEMORIAM—HENRY NOAH MARTIN, M. D.

At the regular monthly meeting of the Homœopathic Medical Society of the County of Philadelphia, held November 14th, 1889, the following resolutions were unanimously adopted :

WHEREAS—Having been called upon by the will of Providence to part with our esteemed companion and brother colleague, Henry Noah Martin, M. D., we respectfully offer the following resolutions:

*Resolved*—That during his life we recognized in him the qualities that make the true physician, the respected counselor, and the safe teacher; that in his numerous contributions, provings, teachings, and precepts, we acknowledge the deep thinker and conscientious worker in his chosen profession, and that in his death we feel that Homœopathy has lost one of its most earnest advocates, and our Society one of its most illustrious members.

*Resolved*—That we extend to his bereaved family our sympathy for the removal of the husband and father, and to the community at large, for the loss of a gentle, kind, and beneficent friend.

*Resolved*—That a copy of these resolutions be sent to his family; that they be published in the *Hahnemannian Monthly* and HOMŒOPATHIC PHYSICIAN, of Philadelphia, and that they be entered on the journal of this Society.

(Signed), A. R. THOMAS, M. D.,  
GEO. W. SMITH, M. D.,  
C. MOHR, M. D.,

*Committee.*

By order of the President,  
WM. W. VAN BAUN, M. D.,  
*Secretary.*

## HOMŒOPATHY PHRENOLOGICALLY CONSIDERED.

GEO. W. SHERBINO, M. D., ABILENE, TEXAS.

I. The organ of amativeness is influenced by Can-ind., Canth., Conium, Hyos., Kali-brom., Lach., Lilium-tig., Murex-p., Nux-vom., Phos., Phos-acid., Sabina, Staphis., Stram., Verat-a., and others.

II. Combativeness, by Acon., Agar-m., Alco., Amb., Ant-t., Arsen., Aur., Bar-c., Bell., Brom., Bry., Cale-c., Canth., Caust., Cham., China, Elaps, Ferr., Hyos., Ig., Kali-i., Lach., Lycopod., Nux-vom., Petrol., Platina, Ruta, Sep., Staph., Stram., Sul-ac., Tarent., Thuja, Verat-v., Viola-t., Zn.

III. Destructiveness, Bell., Hyos., Mer-i-f., Opium, Veratrum-alb.



IV. Acquisitiveness, Bry-a., Calc-c. (Calc-flu.), Nux-v., Puls.

V. Firmness, Bell., Calc-c., Cham., Lyco., Nux-v., Nitric acid, Sanicula, Silicea, Stram., Sulph.

VI. Caution, Aconite, Alco., Arsen., Cup-m., Hyos., Nux-v., Opium, Puls., Stram.

VII. Benevolence, Alco., Anacard., Coff-t.

VIII. Conscientiousness, Arsen., Aurum, Ign., Hyos., Nux-v., Sil.

IX. Hope, Acon., Calc-c., Ferr-m. (alternating with sadness, Raph.) Sulph., Verat-a.

X. Marvellousness, Stramonium.

XI. Imitation, Stram.

XII. Form, Bell., Cup., Hyos.

XIII. Causality, Stram.

XIV. Veneration, Coff.

XV. Secretiveness, Agar-m., Alco.

XVI. Mirth, Acon., Ananth., Arum., Asaf., Bell., Crocus, Hyos., Ign., Nux-m., Puls., Phos., Sepia, Stram.

XVII. Adhesiveness, Bell., sweet outpourings of Alco.

XVIII. Self-Esteem, Ign. and Platina.

XIX. Philoprogenitiveness, Ox-ac.

## CLINICAL CASES.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

RELIGIOUS MANIA.—Mr. X., æt. twenty-one. Had been working hard on a farm. Took to reading the Bible excessively; would sit up late at night after a hard day's work to read.

He soon imagined he was called to preach, which he did do. He became sleepless; wanted to talk all the time on the Bible; he was very loquacious. I gave him Stramonium CMM, he seemed a little better.

They put him in jail for safe-keeping. He would strip off all his clothing every night, notwithstanding it was winter, compelling the jailer to go in and admonish him to dress himself. I gave him Hyos. CM. He improved so much that they took him home again. In a few days the father called at the office with his head and face scratched. He said his boy was perfectly wild; that he had tried to smash the clock, and when the father interfered he attempted to bite and strike. I sent Bell. CM (Skinner), which fixed him up in good shape. They sent him to the asylum for a short time, but he was perfectly quiet and rational.

## NOTES AND NOTICES.

**GUNPOWDER STAINS.**—The unsightly condition produced by gunpowder stains, it is said, can be removed by first painting the skin with a solution of biniodide of ammonium in an equal part of distilled water, and then with dilute hydrochloric acid. Fortunately the general practitioner is rarely called upon to treat such cases, but when he meets with them he should bear the above in mind.

FOR "BLACK EYE" there is nothing to compare, says the *N. Y. Medical Times*, with the tincture of a strong infusion of capsicum annuum mixed with an equal bulk of mucilage of gum arabic and with the addition of a few drops of glycerin. This should be painted all over the bruised surface with a camel's hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic sore or stiff neck.

**HE WAS FOND OF COFFEE.**—Abd-el-Kader Anasari Djezeri Hanabali, son of Mohammed, thus expresses his opinion of this delicious beverage:

"O coffee! thou dispellest the cares of the great; thou bringest back those who wander from the paths of knowledge. Coffee is the beverage of the people of God, and the cordial of His servants who thirst for wisdom. When coffee is infused into the bowl, it exhales the odor of musk. The truth is not known except to the wise, who drink it from the foaming coffee-cup. God has deprived fools of coffee, who, with invincible obstinacy, condemn it as injurious. Coffee is our gold, and in the place of its libations we are in the enjoyment of the best and noblest society. It is even as innocent a drink as the purest milk, from which it is only distinguished by its color. Tarry with thy coffee in the place of its preparation and the good God will hover over thee."—*Table Talk*.

"THE PREVENTION OF COLDS" was the subject of a recent paper read before the New York Homœopathic Medical Society. In it the author declared that colds can be prevented by developing the elasticity and vigor of the skin. The skin should be prepared to meet and resist atmospheric cold by systematic and regulated exposures to cold treatment, which is easiest applied in the bath. We should begin, he said, with such a temperature as is easily within the reactive powers already present, when the time of exposure is properly regulated, and increase the demand for reactive effort as the ability to respond becomes greater. It is by a similar system that we develop the muscles. A case in point was that of a Boston man whose lungs, after an attack of pneumonia, were thought to be too much affected to bear another Northern winter. After spending several winters in the South, to the neglect of his business, he was hardened sufficiently for a Northern winter by trunk and spine rubbings twice a day, washing off with water gradually reduced in two weeks' time from 90° F. to 70° F., and maintained at this temperature all winter.

**A GOOD SUBJECT FOR SURGERY.**—The native Egyptian is an extremely good subject for surgical operation. Clot Bey, the founder of modern medicine in Egypt, has it that "it requires as much surgery to kill one Egyptian as seven Europeans. In the native hospital the man whose thigh is amputated at two o'clock is sitting up and lively at six." Shock is almost entirely unknown and dread of an impending operation quite an exception. In explanation may be noted the resignation inculcated by their religion, the very small proportion of meat they eat and the total absence of alcohol from their diet and in general their regular, abstemious out-of-door life.—*Science*.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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## EDITORIALS.

LA GRIPPE.—As the literature of "la grippe" comes along in the journals, we poor benighted followers of Hahnemann may learn what heaps of science *and* drugs are required for its treatment.

While we are keeping our deluded patients from the undertakers' hands; and while we are not helping to fill the coffers of drug venders, our scientific friends are still theorizing about the pathological character of the disease, and are as much at variance regarding its treatment as they always are in the treatment of any affection.

Thus, Dr. Dobell, of London, advises: "The bowels to be kept open by any aperient known to act most kindly with the patient." Then the following inhalation: "Creasoti, ʒj; ole' caryoph., ʒj; olei eucalyp. glob., ʒj.; tr. camph. co. ad., ʒij. i" "To be put in a jar with boiling water and inhaled, and repeated every two hours. In the interim gargle occasionally with hot water. Soon after the first inhalation begin the following restorative febrifuge: sp. camphoræ, ʒj.; sp. etheris nitr., ʒj.; tr. quin. ammon. ad ʒij. Ft. Guttae. One teaspoonful stirred in a claret-glass of water every three hours. If the temperature rises above 101° F., take gr. v. of antifebrin in two tablespoonfuls of beef-tea, and repeat every hour until the temperature falls to 100°, continuing the inhalations and drops as before. If pain or oppression at the chest sets in, apply hot poultices." That is the *English* of it.



Our French friends, speaking through M. Henri Huchars, in the *Revue générale de Clinique et de Thérapeutique*, think that adynamic symptoms are the most marked. Cinchona, alcoholic beverages, and the like are recommended to be given at first. "For more serious cases, where prostration is marked, injections of ether or of caffeine should be used. If the fever continues after quinine, eight to fifteen grains, has been given, then fifteen grains of antipyrin should be taken. If rheumatoid and neuralgic symptoms, the antipyrin should be given two or three times a day. Or, in the place of antipyrin, phenacetine and salol, in eight-grain doses. When the adynamia becomes more marked, from bronchio-pulmonary complications, stimulants are to be used freely. Strychnia is advised when dyspnoea is extreme. And, in the renal form of the affection, sometimes, the only thing that will relieve is venesection, though, ordinarily, this is the last thing to be thought of in a disease in which the adynamic tendency is so pronounced. In the gastro-intestinal form it is necessary to employ mild purgatives, such as castor-oil or calomel, and to obtain intestinal antiseptis by means of salicylate of bismuth, or of magnesia, naphthol, etc. If an emetic is at any time indicated, tartar-emetic should never be used, but ipecac given in preference."

If anything, we think the French slightly ahead of the English. Please note the Englishman says nothing of "intestinal antiseptis," and nothing of venesection. We are standing up for both of these procedures. How can any one recover whose intestines need "antiseptis" and do not get it?

And then the stimulants! Who will not stand up for stimulants? It is true that they do render the chance of recovery less; that they are a draught on vitality; and that the patient is usually made more adynamic by their use. What of that? Are you not doing something for the patient? And when death comes can you not have all who knew of the treatment of the case bear witness that you have done all that is possible? Mon-grels, make note of this. The two schools are coming closer together, and even though you do take the name of beneficent Homœopathy, do not hesitate to do as you always do—what is possible.

After doing what is possible, and when your patients are buried—for you are the cause of burying many who think you practice Homœopathy—then, if you have any conscience, and wish to know how to do right, go to the works of Hahnemann, and learn of him how to apply the only law of therapeutics. Then you can do only what is right; then you will more plainly

see what harm you are doing to a principle which has its foundation in honesty, and a superstructure of results that stand unapproached in the history of medicine.

G. H. C.

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WINES AND LIQUORS IN MEDICINE.—Alcohol, in its various forms, as brandy, wines, etc., can be used in cases in which it is indicated according to the law of similars, with as good results as other remedies show.

Brandy-drinkers are liable to cancer of the stomach, in which there is intense burning pain. A few drops of brandy in half a tumblerful of water will relieve, temporarily, this intense burning. Drinkers of Rhine wines are prone to bladder troubles. Of this fact we may make use. Madeira wines cause affections of the heart. A spoonful of Madeira wine will often relieve the more grave symptoms of organic heart disease.

The continued use of whiskey, as is well known, causes cirrhosis of the liver and of the kidneys, and gives rise to a train of symptoms which should be sufficient to keep any one with this knowledge from becoming a whiskey-drinker.

No one, with even a superficial knowledge of Homœopathy will ever use stimulants in any form in disease, as only harm can result. But where poverty of the blood exists there is nothing to compare to red wines, and our own country now furnishes as good wines as can be found. Egg Harbor, New Jersey, now produces wines equal to Burgundy in being full-bodied and generous, and we know of no native wines that are at all comparable with them. This subject deserves fuller treatment, and we trust that we may shortly be able to go into it more deeply.

G. H. C.

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MERCURIUS IN TYPHOID FEVER.—In Hering's *Condensed Materia Medica*, under Chill, in Mercurius, is this symptom: Contra-indicated in typhoid fever, except for marked icteroid or scorbutic symptoms. In the *Guiding Symptoms* there is this: Typhoid fevers with marked icteroid or scorbutic symptoms. Among some of the older Hahnemannians the same idea obtained. Upon what it was based we were never able to learn. Some years ago, while treating a severe case of typhoid fever, we called the late Dr. Fellger in consultation. At the time the symptoms called for Mercurius, and we were giving it, although we knew of the above in Hering's *Condensed*. Dr. Fellger confirmed our choice of remedy. We then spoke to him of Hering's observation. He informed us that he knew of no reason for not

giving Mercurius in typhoid fever, when indicated. Dr. Fellger said he had spoken to Dr. Hering on the subject, and that Hering thought it should not be given. Dr. Lippe seems to have had the same idea. Dr. Fellger related a case of typhoid fever, which he had seen many years before, in consultation with Dr. Lippe. Fellger said Mercurius was indicated. Lippe was averse to giving it. Dr. Fellger at last convinced him that as it was indicated nothing else should be given. The case was a desperate one, and after the Mercurius was given the serious condition began to improve, and the patient made a good recovery. It is the duty of the homœopathician always to give the indicated remedy, no matter what the condition. Otherwise we should be as hopelessly muddled as are the mongrels.

G. H. C.

ANTISEPTICS.—“Who shall ever know the number of victims that have been slain in the large cities, in hospital and private practice, on the altar of this Moloch of antiseptis?” This is a query found in a letter from “a country doctor” in the *Medical Record*, Dec. 28th, 1889. It is a pertinent question. In view of the practice now common of using so-called antiseptics in cases of wounds, operations, and even in obstetric practice for normal labor, it seems time to call a halt. If such be necessary in labor, which is a physiological process, why should we not resort to their use when we take food, and at all other times? If it be true that microbes cause all the affections we meet, why should we not constantly live in an atmosphere made sterile (?) by the use of antiseptics? If Lawson Tait’s experience has not been sufficient to show the utter nonsense of this craze, we Hahnemannians can bring sufficient testimony to bear to convince any thinking person that not only is there no necessity for such treatment, but much harm is done, and death frequently follows the use of Carbolic acid and bichloride of Mercury, the substances most often used.

Lister, the father of antisepticism, not wishing to turn aside from the usual method of lauding highly, for a time, a plan for treating surgical affections, has concluded to drop what he has been recommending for years, and has taken to a new antiseptic, the double cyanides of Mercury and Zinc. The users of this will soon get up provings of this double salt, and we can then profit by their work.

In making use of a mixture of remedies we are still following Hahnemann’s teachings. It does not matter how many substances enter into any compound, so long as we can have a record



of the proving of that mixture, and so long as we can use preparations made from the original. S. L. asks a question on this subject at p. 353, Aug., 1889, number of this journal, and wishes to know "whether it shall be considered progressive Homœopathy or otherwise." It is certainly Homœopathy, and Homœopathy is always progressive. That which is a fact in Homœopathy to-day will be a fact for all time. Law to govern and guide in the practice of medicine, an unchangeable law of Nature, is what enables us to be progressive. Without law no advance is made. *Vide* the morass of allopathy and mongrelism.

G. H. C.

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MICROBES, BACILLI, COCCI, these be the cry of scientific medicine—at present. How long will they continue to afford the scientists ground for their ignorance? Give a moment's *homœopathic* thought to the subject, and bring your experience to bear. It is assumed that each disease has its microbe; and that the organisms can be cultivated; and that the same disease can be generated by inoculating this cultivation. Q. E. D. There is doubt regarding it even in the ranks of those who make the claim. Take tuberculosis, for illustration. How often have you seen tuberculosis where there was no history of heredity? Doubtless you may cause disease by inoculating the cultivations; but, are you not introducing some septic substance, which is the prime factor in causing the symptoms of disturbance? Where tuberculosis does occur with a want of heredity to account for the condition, do not stop there, but question, and you will learn that the mode of life has been such as to get the system in such a state as to cause the condition present. Microbes, and all other so-called generators of disease are vegetable parasites, and like all vegetable life, will only flourish on a suitable soil. Even hereditary tuberculosis may be made to remain latent by living properly, and living properly means, above all other things, plenty of wholesome air and nourishing food. Live as a civilized man should, and do not defile your lungs with pre-breathed air—the most prolific source of not only affections of the lungs, but of all other maladies.

G. H. C.

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HAHNEMANNIAN HOMŒOPATHY.—Nothing requires more firmness than to practice Hahnemannian Homœopathy properly. The choice of the remedy in a given case may be easy, but to watch its effects, and to permit it to do all that it properly can do, and at the same time to have the patient's friends continually asking, and advising the physician to do more, or some-

thing else, calls for an amount of resolution that many men lack. Nothing is more difficult than an attempt to show a patient or his friends that it is necessary to await the action of one remedy before resorting to another. Particularly in serious and painful affections is this the case. And yet, knowing that one is doing, not what is possible, but right, it is one's conscientious duty not to be turned from that path. The Hahnemannian, if he has chosen the remedy after a careful and painstaking study of all the elements of the case, and if he bear in mind the teachings of those who have given a lifetime to the study and practice of Hahnemannian Homœopathy, should know that there is literally no other way of doing good to his patient.

If we wish to know what Hahnemann taught on this subject, we may read these words: "If the medicine we have chosen for the positive (curative) treatment excites almost no sufferings previously unfelt by the patient, produces no new symptom, it is the appropriate medicament, and will certainly cure the original malady, even though the patient and his friends should not admit that any amendment has resulted from the commencing doses—and so, also, conversely, if the amelioration of the original disease take place in its whole extent from the action of the curative medicine, the medicine cannot have excited any serious new symptoms.

"Every aggravation, as it is called, of a disease that occurs during the use of a medicine (in doses repeated before or immediately after the expiry of its term of action), in the form of new symptoms not hitherto proper to the disease, is owing solely to the medicine employed (if it do not occur just a few hours before inevitable death, if there have taken place no important error of regimen, no outbreak of violent passions, no irresistible evolution of the course of nature by the occurrence or cessation of the menstrual function, by puberty, conception, or parturition); these symptoms are always the effect of the medicine, which, as an unsuitably chosen positive remedy, or as a negative (palliative) remedy, either ill selected or given for too long a time and in too large doses, develops them by its peculiar mode of action to the torment and destruction of the patient."

This from Hahnemann's *Lesser Writings*. This is a work that every practicing physician should possess. It contains much written subsequent to the *Organon*, and much is to be learned from it that can be found in no other place. From its pages we may readily see what a profound thinker we follow, and no homœopathician's education is complete without a knowledge of its contents.

G. H. C.

**PATHOLOGY.**—If those so-called homœopathists who seem so anxious to don “pathological livery,” as our lamented Lippe used to say, would only familiarize themselves with all that is said on the subject of pathology by those who most cultivate that field, possibly they might be made to see that symptomatology, in the Hahnemannian sense, is of more value. The President of the New York Pathological Society said, at a recent meeting: “As yet pathology has advanced medical science but little toward its true object, the cure of disease, but I believe that the time is coming when this object will be attained, and when, by a more perfect knowledge of the beginnings of disease, its treatment will be more rational and more satisfactory in its results.”

Pathology, relegated to its proper place; used as it should be used; used as only a Hahnemannian knows how rightly to use it, is of assistance only in enabling the true physician to approximately estimate the progress of the disease, and the value of the action of the remedy.

Even though we were to admit that pathology can assist us in treating any given case, can we also admit that the most of what is now given as pathology is of any real, practical value? Pathology to be of worth should be the *natural history* of diseases. And what is known of diseased states, minus the alterations in the various tissues caused by the use of powerful drugs: and these mostly in conglomeration? Literally nothing. Even histology lacks much that it otherwise would possess if it had been elaborated by study of the tissues uncomplicated and unaltered by drugs. There is more to be expected from pathology, viewed solely as a knowledge of diseases, when we know that what is offered as such is a *real* natural history of disease. Until then, those who vaunt themselves as possessing such knowledge should be more modest in their claims.

If an illustration were needed, a case which recently occurred in Philadelphia will admirably answer. Two of the leading pathologists of the old school—one of them boasts that he can determine the actual condition of the internal organs as well as though they were laid open before him—were treating a gentleman for a painful affection in the region of the transverse colon. After weeks of drugging with Morphia and other infernal preparations there was no relief. They then declared that the liver was at fault, and that it would be necessary to cut down to that organ in order to rid it of—who knows what? The operation was performed and the liver was found all right. The gentleman lives to tell the tale, and to say that inflammation of the



colon was present, and that he has had enough of scientific (?) medicine. Any Hahnemannian can bear testimony to the same effect. We have always declared that it is better never to affirm positively about the condition of any organ. We may believe that the symptoms present in any given case may point to some special organ or part; but we cannot be sure we are right unless it be demonstrated *post-mortem*—and that is a chance seldom offered to the genuine follower of Hahnemann. G. H. C.

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PHYSIOLOGY.—The physiological factor, too, is of importance. We are in need of a physiology stripped of all hypothesis; giving only that which is known. With such a work we should be able to more fully appreciate the beauties of Hahnemannian Homœopathy.

“By means of pure observation and unprejudiced reflection, in connection with anatomy, natural philosophy, and chemistry, we have a considerable store of very probable conclusions regarding the operations and vital phenomena of the human body (*physiology*), because the phenomena in what is called a healthy body remain pretty constant, and hence can be observed frequently, and, for purposes of comparison, from all the different points of view afforded by the various branches of knowledge bearing upon them. But it is no less true, than striking and humbling, that this anthropological or physiological knowledge begins to prove of no use as soon as the system departs from its state of health. All explanations of *morbid* processes from what we know of healthy ones are deceptive, approaching more or less to what is untrue; at all events, positive proofs of the reality and truth of these transferred explanations are unattainable; they are from time to time refuted by the highest of all tribunals—experience. Just because an explanation answers for the healthy state of the frame, it will not answer for the diseased. We may admit it or not as we please, but it is too true that in the moment when we attempt to regard the state of the disease physiologically, there drops before our previous clear light of physiology a thick veil—a partition which prevents all vision. Our physiological skill is quite at fault when we have to explain the phenomena of morbid action. There is almost no part of it applicable! True, we can give a sort of far-fetched explanation by making a forced transference and application of the physiological systems to pathological phenomena; but it is only illusory and misleads into error.

“*Chemistry* should never attempt to offer an explanation of the abnormal performances of the functions in the diseased

body, since it is so unsuccessful in explaining them in the healthy state. When it predicts what, according to its laws, must happen, then something quite different takes place; and if the vitality overmasters chemistry in the healthy body, how much more must it do so in the diseased, which is exposed to the influence of so many more unknown forces. And just as little should chemistry undertake to give a decision upon the suitability or worthlessness of medicines, for it is altogether out of its sphere of vision to determine what is properly healing or hurtful, and it possesses no principle and no standard by which the healing efficacy of medicines in different diseases can be measured or judged.

"Thus has the healing artist forever stood alone—I might say forsaken—forsaken by all his renowned auxiliary sciences—forsaken by all his transcendental explanations and speculative systems. All these assistants were mute, when, for example, he stumbled upon an intermittent fever which would not yield to purgatives and cinchona bark.

"What is to be done here? what is with *sure confidence* to be set about?" he inquires of these oracles. Profound silence. (And thus they remain silent up to the present hour, in most cases, these fine oracles)."

These words were written eighty-five years ago by a man who has since been termed "the sage of Coethen." Can they be successfully refuted to-day?

G. H. C.

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"QUININE drove a victim of influenza to suicide in Hartford, and many physicians are inclined to the belief that the use of this drug in excess is worse than the disease."—*N. Y. Commercial Advertiser*.

If the history of the old-school and mongrel treatment of this epidemic could be placed in the hands of intelligent people, we should like to know how many followers they would have. The same idea will apply to their treatment of all diseases. We wish that the people would read old-school journals. In many of them we frequently find cases in which the writers acknowledge that the treatment was undoubtedly the cause of death. They are honest in admitting the fact to those who read the journals, but their to-be-pitied patients are never made the wiser.

G. H. C.

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STRONG MEDICINE.—"By treatment the *ordinary* physician often understands nothing more than a powerful, violent attack upon the body with things that are to be found in the chemist's

shop, with an alteration of the diet, *secundem artem*, to one of a very extraordinary, very meagre character. 'The patient must first be powerfully affected before I can do him any good; I wish I could but once get him regularly laid up in bed!' But then the transition from bed to the straw and the coffin is so very easy; infinitely easier than to health; he says nothing about that.

"The physician of the *stimulating* school is in the habit of prescribing in almost every case an exactly opposite diet (such is the custom of his sect): ham, strong meat soups, brandy, etc., often in cases where the very smell of meat makes the patient sick and he can bear nothing but cold water; but he is also by no means sparing in his use of violent remedies in enormous doses.

"The schools of both the former and the latter class authorize a revolutionary proceeding of this sort. 'No child's play with your doses,' say they; 'go boldly and energetically to work, giving them strong, as strong as possible!' And they are right, if treating means the same thing as knocking down." Hahnemann, 1805.

G. H. C.

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#### PROGRESSIVE HOMŒOPATHY.—

"Under fair pretense of friendly ends,  
And well-placed words of glossy courtesy,  
Bated with reason not unplausible,  
Wind into easy-hearted men,  
And hug them into snares."

Mongrels are now masquerading under the name of "progressive homœopathists." With the name of "progressive Homœopathy" those who know little or nothing of Hahnemannian Homœopathy are being deluded. This title of "progressive Homœopathy" means only mongrelism and nothing more. Those who are familiar with the doing of this class need no warning; but those who are unfortunate enough to fall into their hands should be put on their guard, and made to know the genuine. Taking the fair name of Homœopathy, and using it for gain, while doing all that is possible to bring upon it discredit, "these dishonest men are living a lie." No Hahnemannian should hesitate to denounce them whenever and wherever they may be found.

The true physician has only the welfare of his patients at heart; the pretender thinks only of gain, regardless of the good of the patient. The "progressive homœopathist" claims



that his use of Morphia for the relief of pain is a sign that he has broken away from the fossils, and that he is always doing what is possible for his patient. The Hahnemannian, on the other hand, conscientiously notes and studies all the signs and symptoms found in his patients, and then patiently goes to work to find the curative. The difference between the two is simply the distinction between the true and the false. The one is an honest man conscious of right. The other is anything but honest. No upright man professing a knowledge of the law of Homœopathy can do otherwise than adhere to that law under all circumstances in which the law is applicable. And it is applicable in all idiopathic and non-surgical affections. Even employed in surgical affections it is powerful for good. The use of drugs which are harmful in a crude form is no part of Homœopathy, and is to be decried. Except as an antidote, the Hahnemannian never uses such agents. He knows that he possesses remedies so prepared that they have no capacity for harm. With these weapons he is able to combat the most malignant, the most painful, and the most serious maladies that ever appear.

And he knows, furthermore, that he holds these agents for good for all time. He will not magnify one remedy above another for a little period, and then lay it aside for something new. He knows that the law which governs him is immutable, and that what is proper for a given train of symptoms to-day will be proper for similar symptoms to the end of time. A law of nature is unchangeable.

On the other hand, the druggist is without a guide, and his only thought is to make symptoms disappear by the use of crude drugs, and thus lead the patient and his friends to believe that he has done good. If he be the holder of any knowledge of Homœopathy he knows that his treatment has only done injury.

On this point we shall let the Sage of Coethen speak :

TO MONGRELS AND ALLOPATHS.—“Be not too anxious, I advise you, to insist on the dissection of the corpses of those you have done to death! You would not do it did you know what you thereby revealed to him who knows the truth! Besides, some rare congenital malformations, and perchance some results of the deceased's dissipation, what of an abnormal character do you encounter that is not chiefly the product of your injurious operations, of your medicinal ignorance and your therapeutic sins of omission and commission? There is displayed *not what was present before your treatment*, as you would fain persuade the

relatives, *but what was produced by your treatment—the incurability of the deceased was not before but after your treatment.* It avails you nothing, that you thereby gladly take the opportunity of making a display of your subtle anatomical terminological learning, neither can it be concealed from those who have any knowledge that this is no test of ability to cure. The result of such autopsies is not the enriching of pathological anatomy, *but the revelation of hideous therapeutic anatomy, to your disgrace—in spite of all your plausible sophistries!*" 1830.  
G. H. C.

## OF THE DRUG CURATIVE.

DR. P. P. WELLS.

COMMUNICATED BY C. CARLETON SMITH, M. D., PHILADELPHIA, PA.

(Continued from p. 10.)

We have, at present, no other concern with this process than to present it as additional evidence of the truth as to the nature of the curative principle which we advocate. In order to this, it was incumbent, first, to show that the process itself is a fact. The experience of Channing is sufficient for this. But, we may add, the fact has been known, and is now fully accepted by many of the best minds in our school of the profession.

In prosecuting the argument from the facts here presented, it is pertinent to inquire what passed from the globules contained in the phial, supposed to be medicated, to those added, which were not, by which these last received the power, like those previously contained, to affect the organism of the sick. Was it matter? Is there, in the world of matter, anything like this? On the other hand, is there not an equivalent in the transmission of *force* from steel magnets to similar bars, not magnetic, by *contact* alone, till all alike contain the magnetic force, though the original magnet, like the original globules, loses nothing of its power by imparting to the new-made magnets a force similar to its own. Medication by contact, then, becomes little, if at all, less than a demonstration of the dynamic nature of the principle under consideration. That the power which so passed was matter, though we always use the word with reluctance, we have no hesitation in saying is *impossible*.

Argument for the dynamic nature of the curative principle may be strengthened by the fact of the suddenness of its action. In this respect the considerations presented from the instantaneous action of the miasmata, may be applied with so much the more effect to the power we are now considering, as it is, in some respects, brought more readily and completely under our observation.

The precise time of the reception of the medicinal agent may always be exactly known, while in the case of the miasm this is not always easily brought to a fixed point. Then, the effects of drug agents have been more thoroughly studied, and are better known than those of the miasmata, especially in those minute details which characterize the action of drugs. So that in all that wherein we are able to give increased certainty to the points, as we present them in relation to the subject under consideration, by so much is the force of the argument greater here than when applied to the miasms. Two cases will be presented as illustrations of this immediate action of the drug power, both of which were under the immediate observation of the writer, and both are made up of elements which, it is believed, place them beyond reach of even the most captious caviler. They are selected from a multitude of similar cases for these two reasons: The first is memorable in the experience of the writer, it being the result of his *first* attempt at a homœopathic prescription for a patient. It was the first experiment in a series, which the importunity of a valued friend had extorted the promise, a very reluctant one, that he would make.

The whole intention on the part of the writer was, in these experiments, to prove for himself and his friends *that there was nothing in Homœopathy*.

If it be objected that this was altogether unfair, and unbecoming the importance of the subject, it is admitted to be true. He *intended* to prove the worthlessness of the whole system, and had no doubt of his success. Here is his first attempt and its result. It will be seen that Homœopathy had nothing to expect from him, except what could be extorted by the most apparent and stubborn fact.

The experiment was made with the despised "*globules*," and no one certainly ever held them in greater contempt.

It was on a patient verily believed to be incurable of the particular trouble for which these globules were given. The writer had tried his best, according to the maxims and practice of the school in which he had been educated, for months to relieve the poor sufferer, without the slightest success. It was just because



he thought the case incurable that it was taken for experiment. Here, of course, would be a failure.

He wished for no success. Then the patient was poor, ignorant, and black. She had never heard the word "Homœopathy," and so the wonderful effects of imagination would be escaped, which, with many others, he thought to be the efficient agent in all the so-called homœopathic cures. She had formerly been the slave of an old-school doctor.

This person, now about forty-eight years of age, when a child fell from a tree, and struck her side on the top of a board fence, breaking several of her ribs. She had from that time, occasionally, attacks of pain at the points of fracture, increasing in frequency and severity as she grew older, till, at the time she came under the care of the writer, it had become permanent, and yielded to none of the many expedients resorted to, as before stated, for a number of months. Indeed, she grew worse. The seat of pain was so sensitive, she positively refused to allow it to be touched. Here was the case of more than forty years' standing. In this state she was handed a powder of fine sugar, in which were *concealed* six globules of Arnica of the sixth potency. She was directed to take the powder dry, on the tongue. This she did at eleven o'clock A. M., in the absence of her medical attendant. When seen the next day at nine o'clock A. M., she appeared in great terror. She seemed as much frightened as any person I ever saw. She would not let me come near her, but kept herself in the extreme opposite side of the room, and repeated more than once, addressing her physician, "You meant to kill me, you gave me Mercury. I know Mercury. I lived with Dr. Hazard," etc. After quieting her apprehensions—not an easy matter—she was asked if she had taken the powder. She said she had; and the manner of her reply was just that of a person who regards himself as having just been made the subject of a joke of a severe and unwarranted character.

She was soon pacified, and then was asked what was its effect. "Effect! *It was from there to there,*" passing her finger from her tongue to the spot in her left side, the seat of the old injury, and recent pain "*like lightning.*" "*You gave me Mercury. I know you did.*" And this thought renewed her terror. She could not overcome the first impression that she had been poisoned. In a little time, however, she answered to the question, "What happened then?" "*Why, the pain and soreness went all right out of it.*" This was true, and they never returned. The side might now be handled with the utmost freedom without giving pain. The person, next to herself, most astonished

was her physician. Rosana was, after this, a servant in his family till near the time of her death, which resulted from disease of the heart, and he knows the old trouble did not return. Of the suddenness and completeness of the action of this dose, there was no possible chance for doubt. That it was, literally, as quick as lightning, she stoutly maintained, that she was really cured of her great pain, could not be denied. And now, the only question we have with the case, is—*what was it* that passed from the tongue to the side so suddenly as to give this great alarm to this poor, ignorant creature, and so rapidly to cure this great pain? Was this matter? The suddenness of its action proves that it was not.

## ADDRESS BEFORE THE HAHNEMANN CLUB OF TERRE HAUTE.

BY W. H. BAKER, M. D.

*Mr. President and members of the Hahnemann Club :*

To-night we begin the study of the *Organon*, one of the objects of our organization; a book that has fallen into disuse in one faction of our school, but which the history of medicine will prove has done more to bring order out of chaos, to place medicine on a firm foundation than any work published since the time of Hippocrates. It has revolutionized old physic and is an unerring guide for the cure of all ills of humanity. Each generation will have cause to be thankful that its author lived. Hahnemann, like all men who have proclaimed some great truth to the world, suffered persecution, but he lived to see the success of his discovery, and, to-day, thousands can testify to the truth of the law of similars: a law of cure that will go down through all the ages, giving to humanity the relief that it has been crying for in the centuries that have passed.

If we compare the strict followers of the *Organon* with the whole number of the practitioners of medicine, we will find them in the minority, but they are the vanguard of this army. Popular facts will come and go, but the truth of Homeopathy will live, and its followers increase as the world grows older and learns. Hahnemann never concluded on theory or speculation, but always on facts, and the doctrines contained in the *Organon* were only reached after years of thought and experience. He refused to accept Cullen's explanation of the curative power of Cinchona bark in curing chills and fever, and the great truth that unfolded itself to him while making that memorable trans-

lation you are all familiar with. He formulated the principles of Homœopathy, and we find them in the book we meet to study. On them our school must stand or fall ; every student of medicine must follow these principles or he is anything but a homœopath. If we believe in the teachings of the *Organon*, let us follow it faithfully, and not run after strange gods ; study its truths carefully and then put them into practice ; we will find it a painstaking labor, but success will follow our efforts. Let us not read it as a curiosity, casting aside its precepts when meeting disease, but apply it, test it, and I feel sure we will see its beauty and efficacy as all who have followed its teachings. Hering, Bœnninghausen, Gross, Farrington, Lippe, and many others never found it wanting in teaching them the way to cure disease.

We may all meet cases where it seems to fail, but let us be careful in condemning, for the blame will be in ourselves, in our ignorance in applying it. We as a Society have a work to do here, in placing Homœopathy before the people in its true light, in demonstrating that pure Homœopathy is as far in advance of old physic with all its boasted progress as the electric light is in advance of the tallow dip, but let us be consistent and practice what we profess, and not make it possible for the dominant school to point us out as frauds. If we practice Homœopathy, we must follow the *Organon*, if we do not accept its teachings we should be honest and drop its name.

To prove one remedy carefully would be a good year's work for us. We can all help to verify the symptoms of our *materia medica*, perfecting in this way our means of applying the law of similars.

Bœnninghausen remarked to a brother physician that he had read the *Organon* fifteen times, and on each occasion he always acquired something new and valuable. Almost every page is rich in precept, and the student is constantly reminded that the only thing is the totality of the symptoms, the sole thing, in fact, which the physician has to take note of in every case of disease. The whole of the perceptible signs and symptoms which we can observe, expressing themselves through sensation and function, must be the sole indication to guide us in the choice of a curative remedy. No doubt we, too, will receive new light as we meet and discuss each paragraph how to fulfill "the highest and only calling of a physician, the restoration of health to the sick."

In the second paragraph we have described the highest ideal of a cure, which we are striving for, and I believe this can only be reached by a strict application of the principles laid down in the *Organon*.



The third paragraph teaches us that we must individualize each case of disease, also individualize the remedy in curing it. Empiricism and routine prescribing have no place in Homœopathy; the aggregate symptoms make up the individuality of each case. Every remedy has its own distinctive character, and we must find the one most like our case before we can reach "the highest aim of healing, the speedy, gentle, and permanent restoration of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable, and safest manner, according to clearly intelligible reasons."

When we have found the proper remedy, it is not all we have to know to secure a permanent recovery. There are numerous impediments which have multiplied since what is called civilization advances, and must be discovered and removed. Sewer gas that finds its way in through permanent washstands and closets of our modern apartments; decomposing matter in the cellar; the dry air of a furnace which retards the recovery from pneumonia and bronchitis. Many others might be mentioned but would make our paper too long.

In the third paragraph, we have the first intimation of a law of cure that we must follow if we would become true healers. There is also another point mentioned here that has caused much controversy, and one of the reasons of the division that exists in our school—viz., the preparation and the proper dose, and the proper time of its repetition. The *Organon* teaches *similia similibus curantur*, the single remedy and the minimum dose, and will not admit of any deviation.

Pathology can never furnish a true guide for a curative prescription. Persons attacked by the same disease do not suffer alike. Hahnemann was the first one to call attention to this fact, and the necessity of observing the totality of symptoms, "this outwardly reflected image of the inner nature of of the disease—i. e., of the suffering vital force—must be the chief or only means of the disease to make known the remedy necessary for its cure."

The *Organon* points out how we are to examine the sick, how to acquire a knowledge of drugs, and the proper use of them in healing.

This is an age of progress, and if we take a review of medicine we find the stamp of progress here. We all rejoice in the advances made in surgery, pathology, and hygiene, but search the medical literature of the old school for a guide in therapeutics and you will find empiricism as dominant as ever—sad to know that some members of our school are filling menial positions in

the same boat. Our main object as physicians is to cure disease, and we have an unerring guide in the law of similars, universal in its application, and any deviation is fallacious, unscientific, and empirical, often attended with fatal results.

Hahnemann says, "Imitate my mode of practice accurately and carefully, as pointed out in the *Organon* on chronic diseases, and you will find it confirmed at every step. Take one case of disease after another, note down all of its perceptible symptoms in the special manner pointed out in the *Organon*, then, guided by the characteristic and striking symptoms, select the appropriate remedy, and administer it in the smallest dose, according to the strict rules and observances pointed out in the *Organon*, and if it does not afford speedy, gentle, lasting help, publish the failure to the world, and the doctrine of Homœopathy shall stand abashed."

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## CLINICAL NOTES.

BY DR. FILIPE ASCOT DE TORTOSA.

Translated from *El Consultor Homœopatico*, No. 24, of Barcelona, Spain, Aug., 1889, by E. A. P.

Miguel Esteller y Castell, aged thirty-one years, of San Jorge, province of Castellon de la Plana, of good constitution, sanguine nervous temperament, had during the past civil war received a gun-shot wound in the right arm which was seemingly cured, without any further consequences. After three years there appeared on the elbow a small tumor that he tried to cure by emollients first, and after with salves of an action more or less astringent, with some relief, but it reappeared later in the same condition.

He consulted the doctor residing in his town, who treated it with Carbolic acid diluted with water, by injections, and concentrated outward applications of equal strength, but the result was not equal to expectation; on the contrary the tumor ulcerated; kept growing larger and deeper, finding its way into the tendons, supuration becoming more and more profuse, and eating its way into the anterior portion of the fore-arm, inferior part across bunch of tendons of the abductor and of the extensor-pollicis, leaving uncovered the radius bone a centimetre and a half above the wrist.

He continued thus for some time under the care of various doctors and consulting many more, until they advised him that amputation of the diseased member was his only hope.

It is most painful, under any circumstances, to lose an arm, but much more so to one who is dependent on manual labor for the support of himself and family. Hence our patient preferred death rather than prove a helpless burden on his family by thus living useless and mutilated. Holy resignation was rewarded in a way beyond all expectations.

A carter by trade, he made frequent trips to the suburbs of this city, thus sustaining his unhappy wife. In one of these many journeys he was advised to consult me, which he did, hoping only that I would sustain him in his decision.

Thin, pale, debilitated by suppuration, and fearing I would reiterate the decision that had been made by other doctors at distinct times, all of which placed him in a deplorable moral state, he came to me for the first time, ten years after he had received the wound that caused his later sufferings. The fore-arm without any movement, hollow in the muscular interspaces, presented two solutions of continuity; two fistulous tracks, one in the superior internal part, a centimetre and a half below the olecranon process, and the other in the inferior part at the same point before mentioned. Flowing from both orifices was bad conditioned, sanguineous pus. Introducing the probe from one extreme to the other of the track, I noted with ease the existence of the bone deprived of the periosteum; in passing the probe it was stopped by the bony roughness, which proved that the tables of the bone were destroyed to a great extent. There was very little pain when remaining quiet in any position, but very sensitive to movement. He always carried it tightly bound, uncovering only when a change of application was necessary.

I proceeded to give him moral courage, kind counsel, and healthy reflections, such as was needed by so unfortunate a father of a family. I assured him that he would not lose his arm, but, on the contrary, it could be saved so that he could dedicate himself to his family's support by his work. This consolation so comforted him that without doubt it contributed to his cure.

I resolved to give him sixteen globules of Phos.<sup>30</sup>, dissolved in eight spoonfuls of water to take every six hours. This prescription was repeated three times.

After eight days I saw him again. His emaciated face and dying look were reanimated by hope, and his eyes had a pleased and happy expression. The suppuration continued, but presented a better character, and his appetite, previously lost, had reappeared, the dominant fever ceasing. He continued using the medicine for several days till the pus became sanious. I then gave him some doses of Hepar-sulph. with the object of obtain-



ing the dislodgment of the enormous sequestra. Under its action the inferior opening increased its dimensions to two centimetres or a little more, the bone acquired more mobility, and the loosened inferior extremity of the necrosed sequestrum appeared at the fistulous opening.

He continued the same for twenty days, then without any aid he drew away the sequestrum of fifteen centimetres and a half without pain, without hemorrhage, and without trouble.

Silicea for four days completed the cure.

To-day Miguel works as if nothing had ever disturbed his arm, loads and unloads his cart with ease, and, thanks to the virtue of the infinitesimal globules, he is not a burden to his family, but rather a help and support.

Does this say anything in favor of Homœopathy? If not sufficient I will relate another case, very distinct, that can never be attributed to chance.

Mrs. J. F., age twenty-one years, living at Vilaseca, married, of good constitution, appeared at my office, January 4th, 1889, together with her young and affectionate husband, justly alarmed by the grave prognostications of several doctors who had examined her for a complaint from which she had suffered for seven months before. It had arrived at such an extreme that she had been advised to go to Barcelona to be operated on, and before undergoing the operation to confess herself and make her will.

Such advice to a young and happy woman was not cheering.

As a last resort she determined to try Homœopathy, and but a few days passed before she repented of not having done so from the first day.

Let us examine the symptoms of this patient.

Of apparently good exterior appearance, all excepting a paleness of face, and slight lividness of the lips, indicated her sufferings. The abdomen was much swollen, having the appearance of a woman in the last stages of pregnancy. Of this she complained. I examined her at once, and discovered a large quantity of fluid in the abdomen which was of globular form, more prominent above the umbilical and epigastric regions. On slight percussion the fluxion was noticeable, the slight pain was increased by the weighty feeling. The respiration impaired as a result of mechanical distention, it was rather dyspnœa, compelling the patient to seek a semi-recumbent position. There were frequent, although not continuous, palpitations, some vomiting and impaired digestion, and the tendency to lipoma constituted the general condition of our patient. Let us add,

menstruation normal, the menstrual hemorrhage appearing several days before the regular time. No cause could be attributed to this as she had not taken cold, suppressed any perspiration, or exposed herself to any dampness.

Diagnosis: Ordinary dropsy. I gave one dose of Sulphur, then six of Apocyn-cannab.<sup>3</sup> to dissolve in eight spoonfuls of water, each containing a quarter of a drop, to be taken every three hours.

The 26th of same month I again saw the patient. The improvement was remarkable. The abdominal effusion was diminished to about two-thirds, the only complication was a slight constipation, that was relieved by a simple enema (cold water). This was ultimately cured by some globules of Nuxvom., returning to the Apocyn-cannab. in same proportions as before, and on the 15th of February she was pronounced cured. Two months later she had a relapse, but with prompt treatment it disappeared within a few days, and up to date she is well. How can a few drops of a dilution where there is no medicinal properties (according to the allopaths) overcome a case of dropsy that could not be cured, but only alleviated by operation?

Let us take another case. E. A., a lovely girl from a neighboring town, consulted me for fatigue that she experienced on the slightest exercise. Menstruation normal: slightly scarce, good constitution, a healthy color. Suffering from slight cephalalgia at times, and a light dry cough, this was all. On examination of the præcordial region, where she complained of a slight pain, some palpitation was apparent. Auscultation revealed an exaggerated movement of the heart, both in strength and frequency. Family history good, she had never experienced trouble, frights, fatigues, or emotions. There were no good indications to account for the diseased state.

At once I judged it to be a nervous affection, and prescribed Hydrocyanic acid. Several days passed with no relief. Cactus gr. gave no better result, the same was true of other medicines. When I had almost despaired of ever curing an affection which, at first, had appeared so trifling, while talking about her case to an illustrious friend and great admirer of Homœopathy, he alluded to her moral character. Both her family's good reputation as well as her own had placed her above doubt, her age and suspicious signs in her physiognomy which I now noticed led me to suspect self-abuse, and that the palpitation originated from this cause. I questioned her in a discreet way, and in effect my suspicions were verified. Tarent.<sup>6</sup> in a few days, caused the

complaint to disappear. Also this exaggerated condition of nymphomania, with the cephalalgia, cough, palpitation, and existing fatigue.

Is this cure also chance? How, in this case, were some medicines fallible and others not? Precisely because the applications were wrong, and did not correspond to the especial symptoms that the patient did not confess. As soon as Tarent. was used—that was the corresponding remedy—the disease disappeared and health was restored.

After all, allopathic gentlemen, is not this sufficient proof for you who, with foolish disdain, have decided that “homœopathic dilutions do not contain medicine, and cures obtained by them are only owing to chance.”

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## ANNUAL REPORT AND ELECTION BY THE MANAGERS OF THE WOMEN'S HOMŒOPATHIC HOSPITAL OF PENNSYLVANIA.

MESSRS. EDITORS: I submit herewith a newspaper report (*Philadelphia Press*, January 31st) of the annual meeting of the Women's Homœopathic Hospital. I merely add that, as far as personal investigation can enlighten me, I am convinced this report, in regard to the charges made against the management, is entirely correct and truthful.

EDMUND J. LEE.

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## THE WOMEN'S HOSPITAL.

### SECRETARY'S REPORT AND OTHER BUSINESS AT THE ANNUAL MEETING.

[*The Press*, January 31st, 1890.]

The annual meeting of the Women's Homœopathic Association of Pennsylvania was held yesterday morning, at Early's Hall, 1321 Arch Street. Mrs. Edward Longstreth presided.

The following were elected as the Executive Board for the ensuing year: Mrs. M. W. Coggins, Mrs. E. J. Bartol, Mrs. M. T. Keehmle, Mrs. F. B. Skinner, Mrs. Roswell Weston, Mrs. W. S. Bailey, Mrs. H. Wilson Catherwood, Mrs. J. F. Cummings, Mrs. John Lucas, Mrs. Richard S. Mason, Mrs. S. Rodman Morgan, Mrs. G. W. Myers, Miss K. M. Pleis, Miss A. E. Ramberger, Mrs. S. H. Reese, Mrs. E. R. Sargent, Mrs. R. J.



Stokes, Mrs. Jesse W. Thatcher, Mrs. Alfred Tucker, Mrs. M. L. Jackson, Mrs. Alfred W. Sumner, Mrs. Thomas S. Harper, Mrs. A. W. Paxson, Mrs. H. E. Abbott.

The following were elected as an Advisory Board : Joseph Jeanes, Edward Longstreth, Richard S. Mason, John R. Longstreth, Dundas T. Pratt, Paschal H. Coggins, Ellis D. Williams.

The medical and surgical staff as elected, is as follows : Resident physician, Lucy H. Porter, M. D. ; consulting physicians and surgeons, Charles G. Raue, M. D., Malcolm Macfarlan, M. D., Walter M. James, M. D., Edward Fornias, M. D. ; attending board medical department, Charles McDowell, M. D., John V. Allen, M. D., G. E. Gramm, M. D., C. S. Schwenk, M. D. ; surgical department : Duncan MacFarlan, M. D., Carl V. Vischer, M. D. ; gynecological department, Theodore Gramm, M. D. ; obstetrical department, Jesse W. Thatcher, M. D., Anna E. Dumont, M. D., William F. Berkenstock, M. D., Eliza J. Remick, M. D. ; dispensary, Charles McDowell, M. D., E. J. Remick, M. D., L. H. Porter, M. D., G. E. Gramm, M. D., William F. Berkenstock, M. D., José Congosto, M. D. ; eye and surgical clinic, Carl V. Vischer, M. D. ; dentist, Alexander P. Long, D. D. S. ; special staff, P. P. Wells, M. D., William P. Wesselhoeft, M. D., Edward Rushmore, M. D., Alice P. Campbell, M. D., Levi Hoopes, M. D., Eugene D. Nash, M. D.

The following is an extract from the annual report of the Secretary :

"The Managers of the Women's Homœopathic Hospital sincerely regret that one of the hospital dispensary physicians, whose name has been made unpleasantly public, should have been so delayed in complying with a law regarding registration, as to have become amenable to a charge of violation of a wise statute, meant for the protection of the public. This was not her intention, as the testimony given during her trial has fully proven.

"The arrest of this physician on the complaint of one of her own profession was the initial step in what we believe to be a *concerted movement*, whose object seems to be to cripple the usefulness of the hospital. While her trial was pending, the resignation of a number of the staff and the two resident physicians were presented to the Board with no reasons given. After vain endeavors on the part of the president and members of the Board to learn from the resident physicians, who would have been supposed to know the existence of any cause grave enough to demand their withdrawal, and who had been considered faithful enough, to the confidence placed in them, to give timely notice

to the Executive Board, of any danger imperilling its interests. The resignations were accepted at the first meeting of the Board held thereafter."

At the same meeting the following preambles and resolutions were unanimously adopted, the Board being polled, and each member present heartily accepting them.

" ' WHEREAS, It has recently been publicly asserted or intimated that great diversity exists in this Board as to the treatment to be applied in its hospital, growing out of the widely-differing views of certain of its members, it seems a fitting occasion to briefly state and emphasize the objects and purposes of this Association so far as they relate to the above matter ; we therefore declare :

" ' *First*, That this is a Homœopathic Hospital ;

" ' *Second*, That it is controlled by a Board of women managers, which is non-sectarian in its composition ;

" ' *Third*, That while in such a Board there have naturally and inevitably been differences of opinion relative to matters of hospital management, there has never been any proposition, motion, or suggestion from any faction or individual member of the Board, providing for or tending toward any change from *pure Homœopathy* as the sole and exclusive treatment in its hospital ;

" ' *Fourth*, As a further expression of the views and intentions of this Board, be it

" ' *Resolved*, That while this Board recognizes the undoubted right of each of its members to her individual opinions upon any and all subjects, it would promptly resent and resist any such assertion of opinion as would divert this hospital from the purposes of its creation—the administration of Homœopathy.

" ' *Resolved*, That we cordially invite the investigation of our hospital management by the proper officers of the Commonwealth of Pennsylvania at any time or in any manner that may seem best to themselves.'

" This action of the Board was called forth by vague rumors outside the hospital that Christian Science was used as a means of cure in its wards, and had usurped the place of Homœopathy. At a subsequent meeting of the Board a letter was presented from one of the staff physicians, asking definite information concerning the rumors in regard to the use of Christian Science in the hospital. At the same meeting the Board was polled on the question whether Christian Science had been taught or practiced in the hospital, and each member stated plainly that from her own ob-

servation she had never known Christian Science or anything of that nature to be taught or practiced in the hospital.

"The following resolution, framed on these statements, was then unanimously adopted by the Executive Board, and sent to the physician in answer to his inquiry :

"We, individually, and as a Board, deny that Christian Science has ever been practiced, taught, or advocated either to patients or nurses in our hospital, and that the charges against us have been equally conspicuous for emphasis of assertion and absence of detail.

"This intrusion upon our regular routine duties has been annoying and needless, but with the re-organized staff of intrusted and faithful physicians, our work is going on more firmly grounded, and with better results than ever. We enter upon another year with renewed strength and courage, better equipped in all material respects than ever before, with a full and efficient staff, who are nobly assisting the management—in carrying forward the work of the hospital on the lines laid down in its charter."

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## ON MENTAGRA AND TINEA CAPITIS (FAVUS).

BY S. L.

The *Allgemeine Hom. Zeitung*, No. 19, 1889, contains a report of the meeting of the Saxon physicians, from which we extract the following :

*Villers* reports a partial failure in treating a heavily crusted mentagra, whose base was protruding and swollen. It appeared first on left side, and healed under the use of Kali-chrom. Then it came out on the right side, the hairs of the beard fell out, and now it failed to yield to Kali-bichr., Arsen., Silicea, or Thuja. Kali-iod. and Mezereum were spoken of. *Sybel* recommends Cod-liver oil to soften the crusts and Schüssler's Kalium-chloratum or Calcarea sulphurica. *Henze* uses *Olium papaveris* to soften the crusts, and relies on *Hepar* internally. He treated a boy of nine years with heavy crusts on the face where *Calcarea ostr.* failed ; a layman led his attention to *Oleum terebinth*<sup>3</sup>, which cured the case. *Stift* saw excellent effects in the Leipzig polyclinic in eruptions on the face with formation of crusts from *Iod.-sulph.*<sup>3</sup> in a boy of five years. *Heuser* reported an obstinate case of *tinea capitis favosa maligna* in an orphan girl of twelve years, who was afflicted with it since her third year. The mother of the girl had it for years and



died from it. The child was delicate, anemic, the hair, cut short, was covered as with mold, matted, the whole scalp covered with thick crusts, showing cup-like cells. She was treated for three years in the orphan asylum without the least result, and the utmost care was unable to destroy the vermin. From the edges of the hairy scalp oozed a clear, gluey, foul-smelling fluid. Cervical glands hard, swollen, and painless. Her treatment so far consisted in the external use of Mercurial ointments and Cod-liver oil internally. Several children in that city had died from the same disease. Heuser ordered a few drops of *Oleum anisi* upon the head and covered with a cloth; on the following day Olive oil thickly laid on over the scalp, and after a few hours to be washed off with water and the yolk of an egg. The lice and the nits were killed and never showed themselves any more. Internally Graphite, *Vinca minor*, and *Oleander* were tried and failed, when she was put under constitutional treatment, *Kali-iod.*<sup>1</sup> three drops morning and evening. After two weeks a decided amelioration could be noticed, but also a severe Iodine coryza, which lasted a week. Sulphur<sup>6</sup> did not do much and therefore Heuser returned to *Kali-iod.*<sup>3</sup> for two weeks. More improvement and still more coryza, so that frequent omission of the drug was necessary, but in ten months she was cured and remained well. She is now married and has healthy children. Heuser acknowledges that now he would prefer the 30th potency as a constitutional remedy. *Villers* often uses *Staphisagria* for the lousy smell of a favus, and does not think it necessary to have the hair cut. *Henze* cured a moist eczema on the neck of a girl, with a foul discharge, with *Arsen.*<sup>5</sup>, a dose morning and evening, without despoiling her of her hair. *Heuser* observed a case where disseminated papules at the edges of the hair changed to itching vesicles; by scratching these became confluent and covered by bright-red, bloody crusts. The child was very thirsty, drank often, but little at a time, felt weak and prostrated. *Arsen.* and *Rhus* failed, but *Magnesia muriatica* cured, which is also an antidote to *Arsen.* *Tschortner* cured an elderly gentleman suffering from *tinea favosa* by ordering a strict vegetarian diet and Sulphur<sup>30</sup>.

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*Villers'* case of mentagra soon turned into a discussion of scrofulous skin-diseases, especially to *tinea favosa*, and we see them recommending clinically: *Kali-chrom.*, *Kali-bichrom.*, *Kali-iod.*, *Kali-mur.*, *Magnesia-mur.*, Sulphur and Sulphur-iod., *Arsen.*, *Silicea*, *Thuja*, Graphite, *Oleand.*, *Vinca minor*, etc., the preparations of Kalis and of Iod. being the favorites. The skin

trouble being an emanation not only of scrofulosis, but in one case even of hereditary psora, we felt rather astonished not to see antipsoric constitutional treatment put into the foreground, and Tschortner's recommendation of a strict vegetarian diet has our full approval. We know now that many a case of epilepsy, too often resting on a psoric diathesis, becomes incurable, because the little and the adult epileptic will regale himself with animal food, and thus may prostrate the action of a well-selected remedy. A mild, nourishing diet, an abstention from anything stimulating, is the *sine qua non* to a successful treatment of any skin-disease, and it would be well if the physicians of our present day would adhere more closely to the dietary management of their patients as laid down by Hahnemann in the *Organon* and in the first volume of *Chronic Diseases*. Regulation of diet first, and medicine becomes of secondary importance. Cleanliness inside and outside, on the external and internal skin, and the diseased poisons circulating in unhealthy blood will not find habitation in a pure body.

Heuser destroyed the whole brood of lice by a few drops of Oil of Anise, which reminded me of a remark made by a physician in the late French Congress, that the active principle, the poisonous one, in the beverage called Absynthe or Vermouth, is not Absynthe at all, but the Oil of Anise which is contained in that drink, and late old-school journals speak of Menthol in the same direction. Looking at our *Materia Medica* and at the *Cyclopedia of Pathogenesis*, we read nothing of that power to destroy vermin in either remedy, and still we know from toxicological experiments the influence of this kind of drugs on the nervous system.

We can easily see why the Kali salts are in these psoric affections favorites with our German colleagues, for it is well known that they all exert a deleterious, and hence also a curative effect over the manufacture of the blood, qualitatively as well as quantitatively—a weak heart is so characteristic of a Kali, where the other symptoms correspond. Such children, showing their stigma on their face, may apparently look plump, so that the old proverb was, the more eruption, the healthier the child, but we deal here with a false and deceiving plethora, and the muscular weakness—again a characteristic of the Kalis—will crop out, and still what a difference is between them. Thus we read how Heuser cured that obstinate case of malignant tinea with the steady use of the Iodide of Potassium, and if he only would have given it from the start in higher potencies these coryza aggravations might have been obviated.

The individuality of the patient suited the individuality of the drug, but its application was faulty. It is well known that Kali-iod. is a great remedy in tertiary syphilis, and may not scrofulosis be too often the punishment of the third and fourth generation for the sins of their ancestors? If it were not going too far, we might say there is nothing refined in the skin trouble and the remedy suits the disease, affecting more the lowest tissues of the body. What Kali-iod. is for distant emanation from syphilis, Kali-bichromicum is for the residue of a gonorrhœaic poison; and no wonder Villers tried it after the failure of such sycotic remedies as Thuja, Sarsaparilla, Silicea. While the Iodide caused a vesico-pustular eruption, the bichromate causes a vesicle with depressed centre, and just like small-pox, the pustule suppurates, and on healing leaves a cicatrix. Let us study one of Schüssler's favorite drugs, his Kali-muriaticum, his special remedy for fibrous exudations in any tissue, and in the treatment of cutaneous efflorescences which are, after all, exudations. It holds, therefore, with him a high place, especially in eczema, which has been developed after vaccination. But when Schüssler adds to it "with bad vaccine matter," he is only partially right, for we witnessed eczema, erysipelas, furunculosis, etc., after vaccination with perfectly pure vaccine, when the psoric poison needs only an impulse to show its presence by outward manifestations. Comparing Potassium Chloride with Thuja, we find them both indicated for bad effects of vaccination and of gonorrhœa. If Kali-iod. suits more torpid scrofulosis, Kali-brom. ought to be more often used in florid scrofulosis, but children suffering from the latter are only rarely affected with these disgusting eruptions, and still we read in the Pathogenesis of Bromium of pimples and boils, and practitioners used Bromium successfully in profusely discharging malignant scald-head with unbearable fetor and extreme tenderness of the scalp and for foul ulcers. The well-known acne of the Bromide of Potassium ought to lead more frequently our attention to this remedy, which on account of its abuse by the old school is too much neglected in our school. Just so the Iodide of Arsenic became a standard drug long ago, while the Brom-arsen. still awaits its proving and its more frequent application in disease, as especially in scrofulous skin-disease the waters containing Brom-arsen., or those in Ashe County, N. C., have earned a solid reputation. It would be worth while again to compare Arsenicum and its combinations with the different combination of Sulphur, for dryness of the skin and burning pains are characteristic of both of them. Thus we might go on comparing drugs, for there is no more delightful study



than our *Materia Medica*, and find grains of gold where others throw them away as cumbersome trash.

What a useless task this classification of skin-diseases, for no two authorities agree, and it is well that for the relief of the patient the name is of very little importance. But in studying out with mathematical precision the drug which will be selected for its removal by its similarity to the state of the patient, let us not forget that something may be of greater importance than even the selection of the remedy. "Sublata causa tollit effectus" is no idle dream, and it is the duty of the conscientious physician to put his patient in such a sanitary state that his infinitesimal dose is not obstructed in its dynamic action by clogged material. Our German colleagues need no excuse for using also external means to cleanse the patient from his uncleanness, and we cannot do better than follow rules which teach that cleanliness is next to Godliness.

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## THE VITAL NECESSITY FOR FRESH AIR IN CONSUMPTION.

EDMUND J. LEE, M. D., PHILADELPHIA.

Although the literature of consumption is almost limitless, it is often useful to repeatedly call attention to certain necessary facts bearing upon the hygienic treatment of this dreadful disease. Every physician nowadays acknowledges the great importance of proper sanitary conditions in the treatment of this and all other diseases, yet it may be safely affirmed that the majority of physicians do not give this subject the full attention it deserves. It has been said that the three necessities of health, which are free to every one, are the very ones which the vast majority of people use least. These three are *fresh air*, *exercise*, and *water*; it is needless to mention here the vast use these three necessary things are to the human race.

A comparative few sick people are able to seek hygienic relief by travel; but none are so poor that they cannot properly ventilate their bedrooms or their sick chambers. Yet it is by no means an uncommon experience to enter a sick chamber, even in the houses of the rich, and find the air positively sickening from bad odors. On remonstrating, we are often told the weather is too damp or it is too cold to have a window open; in reality, fresh air is never too damp or too cold not to be preferable to impure, fetid air of a sick room.

In view of these facts, we call attention to a paper read by Dr. Bowditch, on the benefits of short walks in the fresh air; surely this simple and costless expedient can be tried by the poorest or by the busiest. Don't be afraid to go out in "bad weather" provided one is properly clothed. No out-door weather is as bad as the fetid, disease-laden air of a sick room.

#### OPEN-AIR TRAVEL IN CONSUMPTION.

Dr. H. I. Bowditch, of Boston, read an interesting paper at the meeting of American Climatological Association to show the great value of "open-air travel as a curer and preventer of consumption, as in the history of a New England family." The family under consideration is that of which the author was a member. At the age of thirty-five his father was undoubtedly threatened with consumption, having cough, hemoptysis, anorexia, diarrhoea, and general malaise, with fever and great debility. In this condition he set out with a friend as his companion and driver, in an open one-horse chaise for a tour through New England. After the first day's travel of twenty-five miles he was so much exhausted and had so much bleeding from the lungs that the friend was advised to carry him home to die. The travelers, however, were both plucky, and kept on, and soon every day's travel brought improved health. In this journey he traveled seven hundred and forty-eight miles, going "down into Rhode Island, thence by the way of Connecticut up through the hills of western Massachusetts to Albany and Troy, and back through Massachusetts to New Hampshire, Vermont, and Maine and then to the home from which he started."

The benefit which he derived from this journey had proved to him the absolute need he had of regular daily exercise in the open air. Afterward, under daily walks of one and a-half to two miles, taken three times daily during thirty years of life, all pulmonary troubles disappeared. He died in 1838, from cancer of the stomach, one lung presenting evidences of an ancient cicatrix at its apex, both being otherwise normal. He was sixty-five years old—*i. e.*, thirty years after the journey. Dr. Bowditch tells us that his father married his cousin, who, after long invalidism, died of chronic consumption in 1834. Notwithstanding the strong predisposing influence to lung disease which would result from such a union, six of their eight children either reached old age or adult life, and were married and have had children and grandchildren, but not a trace of consumption has appeared in any of these ninety-three persons.

This remarkable immunity from consumption Dr. Bowditch attributes to the fact that his father, having experienced in his own case a vast benefit resulting from constant, regular exercise out-of-doors, apparently determined that his children should be early instructed in the same course. Daily walks were required as soon as the children were old enough, and "if any of us, while attending school, were observed to be drooping, or *made the least pretense* even to being not '*exactly well*,' he took us from school, and very often sent us to the country to have farm life and out-of-door play to our heart's content. In consequence of this early instruction all of his descendants have become thoroughly impressed with the advantages of daily walking, of summer vacations in the country, and of camping out, etc., among the mountains. These habits have been transmitted, I think, to his grandchildren in a stronger form, if possible, than he himself had them."

Dr. Bowditch adds: "I submit these facts and thoughts for candid, mature, and *practical consideration* and use in the treatment all are called to make of this terrible scourge of all parts of this Union. For my own part, I fully believe that many patients now die from want of this open-air treatment. For years I have directed every consumptive patient to walk daily from three to six miles; *never* to stay all day at home unless a *violent storm* be raging. When they are in doubt about going out, owing to 'bad weather,' I direct them to '*solve the doubt*,' not by staying in the house, *but by going out*."—*Sanitary Inspector*.

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## NOTES FROM PAST MEETINGS OF THE LIPPE SOCIETY.

Dr. Lippe said that *Phytolacca* was indicated in nursing sore mouth.

Dr. Allen had had a case of sciatica cured at once by Carboveg. 16 M.

Dr. Lippe said that Arsenic was the best remedy to stop the ravages of phagedenic chancre.

Dr. Geo. H. Clark had cured a case of lupus complicated with chancre by *Lycopodium*.

Dr. Allen had cured a case of epithelioma by *Lycopodium* very high.

Dr. Lippe had been very successful in controlling a case of typhus fever with *Bryonia*, one dose.



Dr. Guernsey had treated a case of difficult respiration, especially in the act of expiration. Mephitis was the remedy, and it acted with excellent effect.

Dr. Lippe spoke of valvular heart disease, and said he had had excellent results in prescribing old Madeira wine for such cases.

Dr. Mahlon Preston reported a case of a woman who passed no urine for three months!

Dr. Allen had had a similar case.

Dr. Lippe said that in cases of double vision with one object higher than the other, Stramon. was apt to be the remedy.

Dr. Guernsey has cured a case of syphilitic sore mouth, having as a principal indication *burning and stinging*, with Apis.

Dr. Allen had a case of diarrhoea with vomiting and prostration. He gave Veratrum with relief; but spasms and cramps of the limbs continued. Finally he observed that the patient would remain *uncovered*, and was very restless. Secale cornut. was given and it cured at once.

Dr. Lippe said that he had that day observed tan spread before a house where was a very sick patient. He at once thought of Nitric-acid as the probable remedy for the case. Nitric acid has great sensitiveness to noise and jarring.

Dr. Guernsey said that Gelseminum has headache commencing in the nape of the neck and going all over the head to the forehead.

Dr. Lippe said that Belladonna and Calcarea-carb. have the same symptom.

Dr. Fellger said that Argent-nitricum has the same symptom.

Dr. Allen had a case of probable frost-bite. There was swelling of the great toe with severe pain. Also severe pain as of a sharp instrument passing upward between the metatarsal bones and feeling of a piece of ice lying there. Berberis relieved the pain and cured the whole condition.

A patient had a sense of something warm rising into the throat, causing cough. Zinc was the remedy.

Dr. Lippe said that in whatever disease a patient may have even bone troubles, if the patient can't bear to be moved or to be touched, China was the remedy.

Dr. Lippe remarked that the great remedy for headache in school girls was Phosphoric acid.

Dr. C. Carleton Smith said he had cured such headaches in school girls with Phosphoric acid.

Dr. Guernsey related the case of a patient with face-ache. The

patient complained that the pillow felt as hard as iron. Arnica was given upon this indication, and brought immediate relief.

Dr. Lee said Phosphorus has same symptom. Ferrum magneticum has the symptom that as soon as the patient begins to eat, he must go to stool.

Dr. Allen, said: Kali-bichrom. has sudden desire for stool, but it comes before he has had time to get out of bed.

The Sulphur patient does have time to get out of bed, but he must go quickly.

Dr. Fellger has good results from Lithium-carb. in cases of encysted stone in the bladder.

Dr. Guernsey finds Ledum a good remedy for horses that have wounds from nails. He puts some of the tincture upon a piece of absorbent cotton and applies it to the wound.

Dr. Lippe said: For patients having unreasonable fear of cholera, Lachesis was the remedy.

Dr. Guernsey gave an account of a woman with puerperal convulsions to whom he administered Arnica with the most gratifying results. There were bruises in the face which helped him in the selection of the remedy.

Dr. Guernsey spoke of the peculiar symptom of Moschus: one cheek is red and cold and the other pale and hot.

Dr. Allen had a case of ulceration between the buttocks in a little child. The ulcers were blue and offensive, and surrounded by pimples. The child was fearful of being touched, and cried whenever the doctor approached. Dr. Allen gave Lachesis<sup>cm</sup>, and in a week the child was cured. He had never seen such prompt action from a remedy.

Dr. Allen had a case of paralysis which resisted the remedies. The patient complained of coldness of the patella. This symptom led him to study Aurum, which was given and relieved immediately. The woman was likely to recover completely.

Dr. Lippe relieved a case of paralysis with jumping of the legs by Argentum nitricum.

Dr. Guernsey had been successful in curing canker of the mouth with Antimon-crud. He could not, however, give any reliable indications.

One case had the symptom, cold saliva flows from the mouth. Phytolacca relieved this case.

Dr. Lippe said that Caladium had the same symptom.

## MANIA.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

MANIA.—Desires to bite and strike those around. Bell., Stram.

— Is afraid of imaginary things. Tries to hide himself. Bell., Arsenicum.

— Desires light and company. Stramonium.

— Desires to cut and tear everything, especially the clothes.

Veratrum-alb.

— Desires to kiss everybody. Veratrum-alb.

— Desires to go home. Bry., Bell., Lach., Opium.

— Strips off his clothes. Bell., Hyos.

— Wants to go naked. Phosphorus.

— Mind wandering off at night. Bell.

— Piety, nocturnal. Stram.

— Rage. Bell., Cuprum, Hyos., Secale, Stram.

— Shame, absence of. Hyos., Phos.

— Sings amorous songs. Hyos.

— Laughs and cries. Bell.

— Sings obscene songs. Hyos., Stram.

— Talks obscene. Nux-m., Verat-alb.

— Wants to expose the sexual parts. Hyos.

— Exposes the pudenda. Hyos.

— Desires to bite and spit. Bell.

— Escape, tries to. Bell., Stram.

— Expose himself, wishes to. Hyos., Phos.

— Hide, desires to. Bell., Stram.

— Imagines that rags are fine clothing. Sulph.

— Religious. Crocus, Lach.

— With lascivious talk. Hyos., Verat-alb.

CEPHALALGIA.—*Pain from the frontal region, extending upward and backward to the vertex.*

*Sharp, shooting pain from left eye to the vertex.*

Bruised feeling in the brain (Baptisia), had to walk very carefully—and keep the head erect—any quick motion turning the head would aggravate the pain. Vertigo from rising from a horizontal position (Bap., Bry.). Sensation as though a large nail was driven into the right side of the vertex (see Nux-v.); this came on after a spell of chagrin.

That part of the brain that aches is from the front of the ears



on one side to the other. If that much of the brain was cut out the balance would be healthy. A dull aching, aggravated by stepping from a high step to the ground. One dose of *Phytolacca* 45M, F., cured.

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### A SYNOPSIS OF A CASE OF HÆMORRHOIDS.

DEAR EDITOR: In your January number a case of hæmorrhoids is recorded treated by a homœopathic *physician*. Without going into the miserable innuendoes leveled apparently against a fellow-physician of the same school, who for some reason he has a quarrel with, let us look at the kind of treatment this wonderful expounder of the homœopathic law adopts.

The first prescription is given October 16th, evidently on the *one* symptom that the patient is "worse when sitting or lying." Now, I think we can hardly venture to call such a symptom a "key-note," although *Phosphorus* is the only medicine put against that symptom in the Repertory. Take any case of *painful piles*, it is almost impossible to sit down without pain, and lying down needs just as much care. Again *Phosphorus* *I believe does not give shooting pains in the vagina near orifice*. Now *Sulphur* gives shooting pains in rectum, and beating also, and as the wall of the vagina posteriorly is the wall of the rectum anteriorly it seems to me that the diagnosis would have been more scientific and correct, if the vagina had not been mentioned, as it had probably little or nothing to do with the case. Many things in one's daily food, a little nutmeg, for instance, may temporarily remove an attack of piles, or they may pass off, as this attack did for a time, by an increased action of the liver producing bilious diarrhœa, only to come on again if the case were not cured. Next we have given us a long account of knife pains in rectum, or shooting, *but in the rectum now* (evidently the *vagina* pains before mentioned); despondent (no wonder), numbness of legs, feels better walking, hands and feet cold, pain after stool, mental incoherence, thoughts not ready, all of which again strongly point to *Sulphur*, and yet this poor lady is kept suffering more or less from the 16th of October to 27th of December, when, we are told, the *climax* of pain came, and the *physician* saw he had committed *a fatal error* in giving *Kali-carb.* and then makes another by giving *Hamamelis*<sup>cm</sup>. What *Chloroform* has to do with such a case is difficult to see. It almost seems that he would rather have let the poor lady suffer than give anything short of a hundred-thousandth potency. At last we

come to the 19th of January, 1884, more than *three months'* treatment and absolutely nothing done ; now the patient develops a "key-note" of Silicea—*stool feels as if it slipped back* (the probability whenever this sensation occurs is that a fold of the rectum is protruded by straining and slips back) consequently on apparently that symptom alone Silicea<sup>cm</sup> is given. Now mark, the first dose was given at 5 P. M. and at 6 P. M. an enormous stool was voided, which he takes the credit of having caused to be passed in one hour with Silicea<sup>cm</sup>, irrespective of the fact as stated that before the Silicea was given the patient had the *greatest difficulty in preventing a motion*, some stool having passed *involuntarily*. Comment is needless, but even supposing the Silicea did this, it has taken him *three months to find the remedy*. Surely, Mr. Editor, you will give us something better than this next time.

Now, to take an intelligent view of this case, I think few would disagree with me in saying that the piles were owing to pelvic congestion, caused by the pregnant state, the effects of which had not quite subsided, a condition of things that often produce piles by mechanical pressure. The child, we are told, was born in September (*I wonder whether it was a thirteen months' baby*) and the piles gradually went away of themselves, which they would probably do in any similar case in three months, often in less time, *the treatment they received not affecting them in the least*. Piles of the most acute and painful kind are *generally* cured in two or three weeks when the *true* homœopathic remedy is given, which in this case seemed to be Sulphur. I have seldom had an acute case that did not get well in from two to four weeks. So much for that *physician* who seems to think he can teach better and wiser men than himself. As one of the faithful, allow me, Mr. Editor, to sign myself

BUFFALO.

## VERIFICATIONS OF MEDORRHINUM.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

Mr. A., of lymphatic temperament, has been troubled with nasal pharyngeal catarrh for several years. I had given him several seemingly indicated remedies, with only very little benefit.

He complains of his head feeling too full of blood on first awakening ; pain over the eyes and nose.

Eyes more or less bloodshot at all times; a yellow appearance of the conjunctivæ, eyes burn and feel hot. Snores when sleeping; always sleepy after dinner (Phos.). If he goes to sleep soon after eating, cannot bear to rouse up again; wants to be let alone; always ready to get up in the morning.

Drinks a great deal of water at night, not any through the day; never hungry, but eats well when once he gets started; cares nothing for dainties; does not like acids; craves stimulants after dinner; cannot drink stimulants before twelve o'clock; they make him nervous; often vomits after dinner, and sometimes after supper; vomited matters smell very sour; "always thirsty after vomiting."

Anus itches a great deal at night; throat feels as if full of phlegm, which causes him to constantly clear his throat; hawks up phlegm, but usually swallows it. I rarely see him spit on floor or ground.

Hawking and spitting worse when first waking in the morning, worse when lying in a recumbent position. If he awakens up at night it is as bad as first waking in the morning; expectorates clear, transparent mucus, which is very tenacious; often feels as if there was a small piece of phlegm which, if he could get it up, he could quit clearing his throat.

Urine often starts, then stops again (Con.).

Feet are too hot at night; wishes to uncover them. Lies uncovered when first lying down; feet do not burn in the daytime.

Dreams troubled, of some one wishing to kill him, or he is trying to kill some one.

Disposition restless; time passes too slowly (Arg.-n., Helonias, Liliūm-tig.), and that every one is so very slow when they do anything for him; wants to be out-of-doors.

Usually of a cheerful disposition, but if blue he feels as if he had hurt some one's feelings, or that his own had been hurt; always has these symptoms when despondent, depressed.

Itching on the calves of the legs; eruption; scratches till the blood runs; worse at night (Psorin); eruption disappears in summer, but returns when the weather gets cold (Alum, Rhus-tox.); red pimples, small.

Itching in the nose, as if the hairs caused it.

Sighing respiration; when trying to clear his throat throws his head back, puts the trachea on stretch, and presses against it with the hand. Medorrhinum CM (F.) cured.



## LA GRIPPE—THREE CASES.

H. B. STILES, A. M., M. D., ABILENE, TEXAS.

We are in the midst of an epidemic of la grippe.

In response to your request for reports of treatment, I forward accounts of three cases, typical of my three chief remedies.

CASE I.—C. J., æt. thirteen. Attack began with severe aching of head and frame throughout. Headache frontal, heavy, bursting. Eyes would feel as if falling out. Tongue white. Patient thirsty for frequent small drinks. Very bad, putrid taste in mouth. Patient restless—tossing and rolling. Fever 104.5°.

R<sub>x</sub> Baptisia<sup>cm</sup>. Briefly, the case improved forthwith, and all febrile symptoms, aching, and restlessness were cured with Baptisia. The persisting spasmodic cough, worse at night and worse lying down, was cured with Drosera.

CASE II.—Mr. J. Father of above patient.

Symptoms: Fever 104.5°. Headache very severe, with splitting sensation when coughing. Pains in back, shoulders, loins—in fact, all over, < by motion—R<sub>x</sub> Baptisia, which seemed to be *genus epidemicus*. It lowered fever some, but that was all.

Later symptoms: Sharp pains in pleura when coughing. Rusty sputa. R<sub>x</sub> Bryonia, which at once reduced fever almost completely, relieving headache and other aches at same time, soon curing the pneumonia also.

CASE III.—Miss Q. Brunette.

While at duty in school on Friday morning was seized with very severe aching of back, neck, and head.

Coming to office at noon received Bapt.<sup>cm</sup>.

Calling to see her next morning I was informed that during the preceding afternoon she had suffered extremely with headache, of a bursting, throbbing character. Back, neck, and limbs all joining chorus of aching, head leading.

Fever rose very high, probably 104°. Fever was then (Saturday morning) evidently absent, though, having left my thermometer, I cannot affirm that it was. Still, her head ached intolerably. Eyes sensitive to light, pupils dilated. Said that on previous afternoon she "almost went wild" from nervousness, caused by listening to talk of visitors. Every sound aggravated. Nervous as lightning.

Now, while this case resembled Case I in the aching, thirst, and restlessness, in general, it yet differed in having a greater

degree of erethism—patient was more excited and excitable. All her symptoms were more active and poignant than in Case I.

R Belladonna every two hours, and forbade company. Saturday evening all pains and aches were relieved. Headache came in paroxysms instead of being continuous. Continued Belladonna. Sunday evening, temperature 99°. All pains gone. Patient discharged.

These three cases are typical of the Abilene epidemic.

The Bryonia case is easily recognized by its agg. by motion.

The Bell. case is not so easily distinguished from the Bapt. case, but has, as said above, a greater activity, a more vigorous nervousness, with severe neuralgic pains.

The first part of the Bapt. case is likely to show extreme nervousness, but its tendency is to become more and more quiet—to take the *low* appearance.

Drosera and Pulsatilla have served me best in the cough—prescribed according to symptoms.

We Southern physicians recognize in this world-wide grippé our old enemy *the dengue*. It has the aching; it has the putrid taste; it has the debility and persistence of neuralgia after convalescence that marked the epidemic of dengue in 1885. Some few cases have the eruption also which marked many cases of dengue.

Owing, I believe, to the season, it has more of the catarrhal and less of the “bilious” character of former invasions of dengue, though in some cases that also resulted in pneumonia.

I have found Bapt. superior to Aconite as antipyretic in these cases, and superior to Eupatorium for relieving the aching. It is the most frequently used remedy.

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## LA GRIPPE.

S. W. COHEN, M. D., WACO, TEXAS.

I may not be doing justice to the large number of your readers when I utilize your valuable pages for the purpose of descanting upon such an inconsequential condition (from a homœopathic standpoint) as la grippe, but when I receive reports which show that even in so-called homœopathic medical associations, Quinine has been suggested and indorsed for this strange epidemic with a French name, and when I reflect that I know many would be, if could be, or rather could be, if would be, homœopathists who use Quinine in material doses in almost

every case, I think it no more than proper that a Hahnemannian report should find its way into print, to shame those who are sailing under false colors, not only to their own detriment and that of those who are confided to their medical care, but to the prejudice of Homœopathy, as understood and taught by the master.

The grippe first made its bow to our community about two weeks since, though we had a forerunner of the trouble in the guise of a peculiar vertigo. Possibly six weeks ago my wife complained of intense dizziness from the time she arose in the morning until she retired at night. This continued for a week, and no medicine that I prescribed seemed to bring relief from the unpleasant sensation. The following week I was attacked in a similar manner, and I permitted the annoyance to wear itself away. With this vertigo there came a confused and oppressed condition of the brain—I could not study or think. The remedies apparently indicated failed to bring any amelioration. Many of my friends were subject to the same symptoms, but none thought them of sufficient moment to ask medical advice.

This vertiginous attack was certainly the *avant courier* of "la grippe," and was, no doubt, induced by similar atmospheric influence. My wife was among the first to succumb to the fashionable intruder. Her symptoms began to develop an hour or two after noon, and were as follows: Incessant sneezing, a nasal discharge of clear, hot fluid, which soon inflamed the *alæ nasi* and spread to the cheeks. There was a raw, burning sensation from trachea down to the end of the sternum. She received a single dose of *Arsenicum*<sup>mm</sup> (F.) at about five or six o'clock P. M., and was perfectly well next morning. I did not take her temperature. A few evenings following I retired in my usual good health, but was awakened—I know not at what time during the night—by severe chills running up and down my back, and down my thighs. No amount of cover relieved.

I dropped asleep and was again awakened by a chill, accompanied by a sharp pain running from my left foot to my thigh. There were several recurrences of this attack before daylight. During the following day I suffered with headache, rheumatic (?) pains in lower limbs, wrists, finger-joints and lumbar region, the most intense pain being in the neighborhood of the Gasserian ganglion. I bore it like a martyr until evening, when I was forced to lie down, but no position suited me. I hovered about the fire, stretching my aching limbs. Wife begged me to take some medicine. I was restless, pains worse on first moving,



but walking about the room awhile relieved, until I was again forced to rest. Ameliorated by covering up warmly: wanted even my head covered, and desired to lie with my back to the fire. The weather was cold and damp. Asked wife to get me a dose of Rhus-tox., and she brought me Rhus<sup>dmm</sup> (Swan). I was easier in fifteen minutes, and fell asleep. Was entirely recovered by next day, though even now I am troubled with vertigo daily. My temperature was normal throughout. I cite these two cases as samples of many others. The major portion of cases under my care had no catarrhal symptoms. Many adult patients had fever, but others none. Children attacked, invariably had fever, and in all cases treated by me, with but one exception, in which the temperature rose to  $104^{\circ}$ , the thermometer indicated  $102^{\circ}$  or  $102\frac{1}{2}^{\circ}$ . Every one of these cases was treated with Bell.<sup>cm</sup> (F.), the larger number receiving but a single dose of the remedy, and recovering in from twelve to twenty hours. In no case was a second visit necessary. The only adult to whom Bell. was given was the mother of the babe whose temperature rose to  $104^{\circ}$ . She was screaming with headache, and was asleep within five minutes from the time she received a dose of the CM of Bell., and up and about bright and happy the following morning. In no case have I observed any complications or sequelæ—no bronchitis, no pneumonia, and but transient debility. The drugs employed during the epidemic are Acon.<sup>cc</sup> (Dunham), Bell.<sup>cm</sup> (F.), Eup.-perf.<sup>cc</sup>, Baptisia<sup>45m</sup> (F.), Colch.<sup>m</sup>, Rhus-tox.<sup>dmm</sup> (Swan), and Arsenicum<sup>mm</sup> (F.), according to indications.

So much for treatment under the guidance of that infallible law, *Similia similibus curantur*, influenced by that other, and corollary legend, *Simplex simile minimum*.

## POISONING BY ANTIPYRIN.

E. W. BERRIDGE, M. D., LONDON, ENGLAND.

June 14th, 1889, 6 P. M.—The Countess of — took ten grains of Burrowes & Wellcome's *Antipyrin* for headache. She is sensitive to medicines, and had had much mental anxiety lately. She had been under my treatment for some time with great benefit; but as she called to-day after office hours, she did not find me at home, and so some "d——d good-natured friend," as the poet profanely says, persuaded her to take this drug, stating that he always cured his wife's headache with it.

(N. B.—The expression “always cured” shows that the “cure” was not permanent.)

In five minutes my patient was seized with tingling burning sensation round upper part of mouth, inside nostrils, and in palate, just like cayenne pepper; this was immediately followed by ineffectual desire to sneeze; then clear water poured from both nostrils. These symptoms ceased as suddenly as they had begun; and were immediately followed by sensation of dryness and burning in left side of throat, with instantaneous swelling in left throat, and for a few moments absolute loss of voice. The aphonia soon gave way to hoarseness, with much coughing and expectoration which seemed to come from back of throat and nose. With these symptoms there was a lump about an inch thick in left cheek, just below level of upper teeth. Head perfectly clear, but great nervous anxiety, trembling of limbs and weakness in walking. These symptoms continued till 10 P. M., when the swelling in throat was relieved by sleep and hot drinks, but the hoarseness was unchanged.

At 3 A. M., after further sleep, the swelling in throat had almost entirely gone, but the same burning, tingling sensation was felt in vagina, also nervous pains all over body. She now also had two fainting spells, with sensation of the heart stopping; throbbing all over body, coldness of hands and feet, and nervous shuddering without chill. Then, after taking half a wine-glass of brandy and water, she slept again, and at 7 A. M. next day all the symptoms had gone except the hoarseness, with weakness. The lump in the mouth passed away in half an hour. During the first symptoms, the left corner of mouth showed a tendency to draw down.

June 15th.—The hoarseness continues with fainting. Frequent passage of clear urine, much and often, all the time. Had a little delirium during sleep last night, seeing faces. Tongue white. Yesterday she looked at her throat in a mirror, and found it white, with left tonsil inflamed and swollen.

*Belladonna*<sup>200</sup> soon removed the remaining symptoms, though the weakness persisted for some days.

This *Antipyrin* is the new drug which the allopaths are using indiscriminately because they have no law; and the mongrels because they do not really believe in the law.

## LARYNGISMUS STRIDULUS—CLINICAL CASE.

ELLA M. TUTTLE, M. D., NEW BERLIN, NEW YORK.

May 8th, 1889.—Was called to see Minnie A., eight months old. Her mother told me that she had a hard cold in April, and had not been well since, in spite of much allopathic dosing. The doctor had finally told the parents that the child would not probably live to be a year old, so as a last resort they decided to try Homœopathy. On visiting the child I found a well-marked case of *Laryngismus stridulus*. About once in ten minutes the little one would start, throw up her hands, gasp for breath, and become very red (almost purple) in the face. Then after a few moments the air would enter the glottis with the peculiar crowing sound so characteristic of the disease, and the paroxysm would terminate in a short fit of crying. Several times, according to the mother's story, the paroxysms had been so severe that she had picked up the child for dead.

The child was plump and fair looking, had red cheeks and blue eyes. Her appetite was good, bowels regular. She also had the attacks in the night, but much less frequently. From the paroxysmal nature of the disease, the redness of the face, and the crying at the close of the attack I gave a dose of Bell.<sup>3</sup> and left Sac. lac. to be taken every two hours.

May 11th.—The child reported better, the attacks being lighter and not so frequent. Sac. lac.

May 13th.—The attacks seem growing more severe. A dose of Bell.<sup>3</sup> followed by Sac. lac.

May 18th.—No better. I now "took the case" again with more care. Learned that for the last month the child had seemed to be losing the use of its lower limbs. On putting my hand on the child's feet I found them *cold* and *clammy*, and on questioning I found that the pillow around the baby's head was usually wet from perspiration in the morning. I had been reading in my HOMŒOPATHIC PHYSICIAN the advice to "prescribe for the patient instead of the disease," so, though I could see no pathological relation between Calc-carb. and *laryngismus stridulus*, I gave a dose of Calc-carb. to be followed by Sac. lac., for the amusement of the mother.

May 21st.—The child has had no more paroxysms since the 18th. Sac. lac.

I saw the child occasionally till September, but there was no return of the attacks, and she had begun to bear her weight on her feet. The one dose of Calcarea cured her.



## SUNSTROKE.—ASTHMA.

WM. STEINRAUF, M. D., ST. CHARLES, MISSOURI.

Mrs. K., aged fifty-four years, was afflicted with *coup de soleil* more than eighteen years ago, and her regular allopathic adviser sent for without delay. He immediately had her stripped of all her clothing and plunged into ice-cold water for several hours. She regained consciousness after a lapse of ten hours and in a few days was able to attend to her household duties again. With the exception of a clogged-up sense of the nostrils and a slight constriction of the chest she appeared to be all right. Not more than four weeks after this attack she began to have regular asthmatic spells, occurring about every two or three weeks, for which her doctor gave her hypodermic injections of Morphia. These spells have now been troubling her with increased virulence since the day she was taken with sunstroke and the injections kept up the same length of time.

When we saw her about six months ago, she was just having one of her characteristic "spells" and a pitiful sight it was. We found her propped up in bed, breathing with great rapidity, unable to speak, with a pulse of one hundred and ten, and the cold perspiration running down her face in great streams. As this was the worst attack she had ever had she thought she would die, in which belief I was inclined to coincide. Herself and husband attributed all her troubles to the heroic treatment she had received eighteen years ago for sunstroke. In all these long and weary years her physician had failed to do her any good; simply injecting Morphia as the attacks came on. Could Homœopathy do her any good? Our divine art is very much decried in the State of Missouri, and it was with misgivings that she sent for me. After hearing her story and getting her symptoms, I left Sac. lac., and went home to study the case, promising to send the remedy in two hours. The most prominent symptom was a continual desire to move. On the strength of this and several other Rhus-tox. symptoms, I gave the messenger three doses of this remedy to be taken, a powder every hour, and afterward to resume the Sac. lac. A terrible diarrhœa came on the next day which I thought best not to disturb. It left after a few days, and Mrs. K. has since been free of her spells, and considers herself well. I have reason to believe that she is correct in her belief. Rhus-tox. (Swan) CM. did the work.

## TWO CLINICAL CASES.

W. A. YINGLING, M. D., NONCHALANTA, KANSAS.

ARSENICUM ALB.<sup>3x</sup>. Gastro-intestinal derangement from eating ice-cream. I was unable to eat the least quantity without bad results: sickness at the stomach, felt as though I wanted to vomit, that vomiting would give relief, but could not. An uneasiness of the head as though it might ache. Nasty, clammy taste; coated tongue. There was no relief in the "regular" practice for me, but after I became regularly regular I found Ars. alb.<sup>3x</sup>, a dose after eating the cream, gave me the privilege of gratifying my appetite with no bad results. This course for a season has given me the ability of eating all the cream I want with no fear of ill results.

I find a remedy in Homœopathy for every ill to which flesh is heir, the most trifling as well as the gravest. Where allopathy knows no remedy, not even palliation, Homœopathy has a sure cure.

RUMEX CRISP.<sup>1x</sup>. I was troubled for many years with an intense itching of the anterior part of both legs between the ankles and knees, on the shins, after getting into bed at night. Very seldom there would be an indication of the itching before getting into bed, and then only in the warmest weather, but when *in* bed it was severe. I would scratch, scratch, scratch until the skin was broken and my legs get sore. Scratching would not entirely relieve, yet it felt pleasant to scratch with some relief whilst at the work. At times I found myself scratching in or during sleep. This itching would also commence, though not so severely, when heated in walking, more especially when wet with perspiration. Worse from warmth. As before allopathy failed even to palliate, though tried for years. I noticed in your valuable Journal, vol. VIII, page 554, that Rumex<sup>cm</sup> had cured a similar case. I only had the 1x, but concluded to try it. The dose was taken an hour before going to bed. Would it help? That same night, and for months after, I had no itching of the shins. Upon a slight recurrence a few months afterward I took one more dose. No itching since, though a year or more has passed by.

## MORPHINE? NO! NO! NO!

M. A. A. WOLFF, M. D., GAINESVILLE, TEXAS.

January 11th, prescribed for fourteen days old baby. January 13th, for the mother. They had been sick for eight to ten days, during which time she had been regaled with plenty of Quinine *et id omne*, getting worse all the time. The indicated remedy, one dose, cured as far as I knew then, but on the 15th I was recalled. I found her to all purpose cured, no headache, no deafness, etc. Well, they called me on account of a lump that had been felt in her left breast, near sternum. She had it there for a good while. Could I cure that as the rest? Phytolacca, as long as I have known its use, had never failed, so this was my prescription. After twenty-four hours there was a softening, so went on with it till I returned from a trip—the 20th. It was softening, but an abscess forming; on account of color, pains, etc., prescribed Bell.<sup>30</sup> On the 24th I found her in bed, the pains had returned and she could not be up; Bell.<sup>200</sup>. In the evening her husband came to the office. Her pains were so excruciating and distressing, she wanted Morphine. No! No! No! I do not give Morphine, but wait a little. I looked the case up, gave him one powder Hepar-sul.<sup>1200</sup> (the highest I had). Next day I found her up. The pains were soon relieved, and under the circumstances she felt comfortable. Abscess progressed, opened, and she is all right.

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## BOOK NOTICES.

### SANITARY ENTOMBMENT; The Ideal Disposition of the Dead.

By the Rev. Charles R. Treat, Rector of the Church of the Archangel, New York City.

This interesting pamphlet, as its name denotes, is a plea for an improved or "ideal" method of putting away the dead. This ideal method is nothing more or less than the method of nature—dessication or drying.

The proposition is to build, "as the unit of construction," a sepulchre, constructed in such manner that dried air should enter, and after circulating over the corpse be withdrawn, laden with moisture and the exhalations of the body, and conducted to a furnace where these would be disposed of effectually.

These sepulchres would be gathered together in large buildings, similar to the "Campo Santo" at Pisa. They might be of plain architecture, or they might be of magnificent and expensive design.

The pamphlet before us gives cuts of designs that are superb specimens of architecture and strongly suggestive of that lovely miracle of architecture, the Alhambra.

Such a method of burial would do away with the pest-breeding churchyard; would meet the objections of those who revolt at cremation, and, generally speaking, would give the following advantages:



There is no mutilation, no substitution of foreign substances for human flesh as in embalming; no preserving "the semblance of the human form so long that sentiment is shocked and a due return of material humanity to the elements that gave it birth prevented;" no decomposition with its awful products polluting the atmosphere and befouling the streams of water used for drinking purposes. No disease germs to rise and start pestilence in the cities.

On the other hand, it means perpetual care of the dead; it protects from the possibility of being buried alive, since these sepulchres are to be fitted with electrical apparatus that in the event of reviving life would give the alarm; it protects the dead from theft; "protects the living from exposure whilst paying the last duties to the dead; meets the urgent sanitary demand that the dead shall not endanger the living; and meets the medico-legal demand that the evidence of crime shall not be destroyed."

W. M. J.

**MEDICAL TOPICS**, published by W. A. Chatterton, 181 Clark St., Chicago. Price, 25 cents a year.

This is a neat little sixteen-page journal published monthly. The copy before us is the first one ever issued.

Its object is to give the busy practitioner clear and exceedingly concise ideas of all the latest developments in medicine. No long articles are admitted to its pages. Everything is reduced to the dimensions of a paragraph. The idea is to get a "short communication from every physician—only a few lines or words—giving some experience or some fact which will be interesting and useful to some other member of the profession."

The low price places it within the reach of all, and it should accordingly command an immense circulation.

W. M. J.

**EATING FOR STRENGTH; OR, FOOD AND DIET IN THEIR RELATION TO HEALTH AND WORK**, together with several hundred recipes for Wholesome Food and Drinks. By M. L. Holbrook, M. D., Professor of Hygiene in the New York Medical College and Hospital for Women, etc. New York: M. L. Holbrook & Co.

The title is sufficient to indicate the scope of this work. Its contents bear out the title. It is an excellent work on the subject, and should be in the hands of not only physicians, but all others as well. It will be found useful each day and every day.

**THE FIFTH ANNUAL REPORT OF THE TRUSTEES OF THE WESTBOROUGH (MASS.) INSANE HOSPITAL, FOR THE YEAR ENDING SEPT. 30TH, 1889,**

Comesto us and shows that Homœopathy need not fear to be placed on trial in the treatment of the insane. The heaven is at work, and the right usually triumphs sooner or later.

**A TREATISE ON MATERIA MEDICA, PHARMACOLOGY, AND THERAPEUTICS.** By John V. Shoemaker, A. M., M. D., and John Aulde, M. D. In two volumes, Vol. I. Philadelphia and London: F. A. Davis, Publisher.

Although this work is intended for our allopathic brethren, a glance at its contents will show that we may profit by much that it contains. The authors of the work deserve high praise for the ability and labor shown in its pages. They have here brought together much that is otherwise found only in a number of volumes, and they thus place the medical profession under obligations. The authors are professors in the Medico-Chirurgical College, of Philadelphia, and, of course, see things only through allopathic spectacles, but they are more progressive than the average allopath, and if they keep on they will find themselves viewing therapeutics in a new light.

### THE TRAINED NURSE. Vol. III, No. 6, of "The Trained Nurse."

A journal consecrated to those who minister to the sick and the suffering comes to us with a request that we make known the endeavor to form an organization of "Trained Nurses for New York State, which will be made the basis of a national organization."

We are heartily at one with the movers of this association, as we believe it will be of mutual interest to both physicians and nurses. *The Trained Nurse* is a journal published by the Lakeside Publishing Co., Buffalo, N. Y. If all its numbers are as valuable as its holiday number we would advise our readers to invest the \$1.50 yearly necessary to obtain it.

### TRANSACTIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

We have received Vol. XI of this publication. It contains several practical articles worthy of perusal.

### ESSAY ON MEDICAL PNEUMATOLOGY; A Physiological, Clinical, and Therapeutic Investigation of the Gases. By J. N. Demarquay, Surgeon to the Municipal Hospital, etc., Paris. Translated, with Notes, Additions, and Omissions, by Samuel S. Wallian, A. M., M. D., etc. Philadelphia and London: F. A. Davis, Publisher.

This volume contains a "study of the gases of the blood in their physiological condition;" a "Medical history of oxygen and its physiological action;" a chapter on "The preparation and administration of oxygen;" one on the "Therapeutic action of oxygen," and another on "Nitrogen, monoxide of nitrogen, and hydrogen." It covers the entire field of the present knowledge of the various gases, and we, as followers of Hahnemann, may get from its pages a superficial pathogenesis of them. Oxygen is more largely used therapeutically, than any of the other gases. It, no doubt, is a valuable agent, but its true place can only be found after careful proving. It is not applicable to any and all diseases of the respiratory organs, as is claimed by some, but like all other remedial agents it will be useful only in the cases in which it is indicated homœopathically.

### CONGESTION OF THE LUNGS AND ITS DANGERS. By Thomas Nichol, M. D., LL. D., D. C. L.

This is No. 6 of "Montreal Tracts on Homœopathy." Dr. Nichol calls special attention to numbers of cases of this affection which are mistaken for heart affections. It is a valuable, practical paper, and its low price, ten cents, should constrain every physician to send to "The Montreal Homœopathic Pharmacy" for a copy.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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NO. 3.

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## EDITORIALS.

ARGUMENT AND REASONING.—“We must meet them as gentlemen, and by argument and reasoning show on what false ground they stand. We must convince them by sound reasoning that medicine is a much broader field than Homœopathy, for it covers *every* pathy; and, avoiding the vituperative style of many of Hahnemann's followers, we should prove the narrow-mindedness of his system.”

Thus an allopath (he will not own that name, however) calmly considers the position of the followers of Hahnemann. We have repeatedly seen the results of attempts that have been made to convince “by argument and reasoning” against the law of the similars. Dr. Hering first became acquainted with Homœopathy in an endeavor to write it down by “reasoning.” He wrestled with the angel and the angel did not come out of the conflict second best. Every Hahnemannian can appreciate the result of that wrestling match in the works of Constantine Hering.

Dr. P. P. Wells, of Brooklyn, our honored venerable colleague (may he continue with us many years more), had a similar experience, only to find that the reasoning was all on the side of Homœopathy.

If it would avail, we should like to ask, from whom has vituperation and abuse come? Homœopathy has been mostly on the defensive since Hahnemann first promulgated his discoveries. If the writer quoted above would only read Amcke's *History of Homœopathy*, he would find that *odium medicum*



has been, and continues to be the stock in trade of allopaths, and of them alone. It is true that Hahnemannians have always decried mongrelism, and it is to be hoped they will continue doing so, for to do this means only to traduce dishonesty.

Reasoning will not profit allopathy. Homœopathy can go beyond reasoning and produce results which no other school of medicine can approach. These results have made Homœopathy what it is to-day—a blessing to mankind.

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The same writer says: “Homœopathy is not broad enough, but its followers cling to their tattered standards, believing that they must enlist under the banner of some school and follow some pathy, whereas their energies could be much more profitably employed in healing the sick by the use of any and all agencies known than in trying to conform to a single theory, or trying to make the people believe that they do.”

If the gentleman will make an honest attempt to put to practical test this Homœopathy—which is based on an immutable law of Nature—he will find it sufficiently broad to cure any curable case of any disease. But the trial must be an honest one.

“Its followers cling to their tattered standards.” Yes, they do “cling,” and the “tattered” condition of their “standards” shows what battles they have fought and won. Whenever allopathy has met Homœopathy in the open field, which has been the victor? Homœopathy has always been, and is ever ready to put to actual test the merits of the two schools; but allopathy will never meet the trial.

“Believing that they must enlist under the banner of some school and follow some pathy.” They do believe “that they must enlist under the banner of some school.” This belief, however, is firmly founded not upon mere conviction, but upon thought, and upon the “reasoning” which the gentleman claims as *his* school’s sole possession. The “banner” under which the Hahnemannian enlists is inscribed with this motto: “HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR.” And the path which he follows is the path of glory, made glorious by the lives he saves, and not the path which “leads but to the grave”—the allopath.

“Their energies could be much more profitably employed in healing the sick by the use of any and all agencies known.” Our dear friend in that clause shows plainly his ignorance of Homœopathy. Were he possessed of but a superficial knowledge of Hahnemann’s teachings he would know that our every

energy is directed toward "healing the sick by the use of any and all agencies known." But before the Hahnemannian attempts to use "any and all agencies" he brings the only law of therapeutics to his aid, and he can then use these "agencies" in a rational, sane manner. He has the light of this law to guide him, and he does not flounder in the darkness of the Middle Ages.

"Trying to conform to a single theory, or trying to make the people believe that they do."

Wrong again, dear friend. Must we again repeat that we have a LAW? This will bear repetition, if but for the simple reason that an allopath knows or seems to know nothing of it. People, generally, give but little thought to theory in medicine. They wish to be cured of their ailments, and millions have learned that when they wished to be cured speedily, safely, and permanently they need only call on a follower of Hahnemann—and they do not call in vain!

Again, in the same article, we read: "No theory yet discovered explains *how* drugs cure diseases, neither do we know *how* soul and body are united, and it is not necessary that we should know. But all that we can know certainly, all that assiduous observation can teach us is, that the cure of such a disease succeeds more or less constantly the administration of such a remedy."

Has any Hahnemannian ever claimed to know "*how* drugs cure diseases"? We are aware that there are hangers-on to the bright robes of Homœopathy who profess to have omniscience, but these men are greater (in their own estimation) than even Hahnemann himself. If we can read language in which there seems no ambiguity, certainly those who make this claim are of the allopathic school. Do we not hear of them prating about this drug paralyzing the respiratory centres, and of that being inhibitory of vaso-motor nerves, etc., etc.? And, having such powers, do they not prattle about what they can do with these agents? And yet they set themselves up as being able to define a Hahnemannian's position!

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And "all that we [allopaths] can know certainly, all that assiduous observation can teach us is [note this, Hahnemannians], that the cure of such a disease succeeds more or less constantly the administration of such a remedy." Fancy Homœopathy having nothing better than this to offer: "that the cure of such a disease succeeds more or less constantly the administration of such a remedy." And they call this scientific medicine!

What is defined as scientific? "Agreeing with or depending on the rules or principles of science." What is science? "Science consists in an infallible and unchanging knowledge of phenomena." Empiricism is an unreasoning and instinctive imitation of previous practice." Will a second glance be required to show one who knows even the least of homœopathic therapeutics, and even more of allopathic therapeutics, which is the scientific and which the empirical? G. H. C.

THE DIFFERENCE BETWEEN THE OLD SCHOOL AND THE NEW.—A follower of Hahnemann needs no better argument for his attitude against eclecticism and allopathy than is found in any old-school journal. If one had had experience in putting to actual test the law of the similars, he is not in need of hyperacute vision in order to see that scientific (?) medicine is usually floundering in the dark in respect of the treatment of disease.

We cannot dwell too forcibly on the difference between old-school empiricism and homœopathic law. Illustration of this difference is clearly manifest in the old-school's present method of treating various forms of spinal affections, particularly sclerosis. It will be remembered that a few years ago a Russian surgeon, while suspending an ataxic patient for the purpose of adjusting a plaster jacket, found that the ataxic symptoms were less prominent after the suspension. This he published for his medical brethren. Instantly from one end of the medical (old-school) world to the other went up the cry, "The treatment for locomotory ataxia is suspension." What a scientific foundation for a fact in scientific medicine! Then their journals were filled with the good effects of suspension.

But, like all their other good things, this seemed to be only a fad, and now we rarely see anything on the subject. However, a recent issue of the *Lancet* contains a series of twenty-one cases treated by suspension. A summary of results shows that not one case received any benefit, and that some were made worse. Is there any follower of Hahnemann who, after treating twenty-one cases of any affection, by adhering to the only law of therapeutics and failed to see any good results, is there one who would have the audacity to believe there was any good in that law? We cannot believe that one such person exists. If results had not shown the truth of the law there would be no Homœopathy, and the world would then be at the mercy of allopathy, as it was in the Dark Ages, and the bright beacon of Homœopathy would be used only by wreckers, many of whom are now using its brilliant light to blind the public to mongrelism under the name of progressive Homœopathy.



## THE UNATTAINABLE.

## A SONG OF THE UNATTAINABLE.

"For the few-and-far-between,  
For the very-seldom-seen,  
For the un-catch-hold-uponable I sigh!  
The unclutchable I'd clutch,  
The untouchable I'd touch,  
For the ungrabbed and ungrabable I die!

"Oh! I burn and sigh and gasp  
For the just-beyond-the-grasp,  
For the far-unovertakable I yearn;  
And the vulgar here-and-now  
I ignore and disavow,  
And the good-enough-for-others how I spurn!

"Oh! how I moan and screech  
For the just-beyond-the-reach,  
The too-far-away-to-grab I would ensnare,  
The ungainable I'd gain,  
The unattainable attain,  
And chase the un-catch-onto to its lair."

The unattainable is always being sought by those who feel themselves above ordinary mortals. And even though they claim to "catch on" to it, lookers-on dare not deny it, if they value peace, and do not wish to be deluged with mere assertions which are offered as arguments. When this desire takes the form of attempting to show that the product of a disease is a curative of that disease, and that it is only necessary to diagnose the disease as being present, and then administer one dose, or more, of its product in order to cure it, then it is time to say that is mere assertion, and we wish the proof.

The onus of proof is most upon him who affirms. It were "a consummation devoutly to be wished" if the treatment of disease could be so simplified, and we do not deny that it may be true; but we have never seen even one case that would go to show it to be true. In our present light, before we may use the various morbid products intelligently, we must proceed as we do with other substances, prove them. Then, and only then, can we feel we are on safe ground. The true follower of Hahnemann will not theorize in respect of the power of any so-called curative. He has an infallible way of learning just what each is capable of doing, and he must follow in that way rigidly. True, by induction he may assume that a certain drug, or other substance, ponderable or imponderable, may possess certain

powers; but he is not able to know until the proper course has been pursued that his claim is well founded.

The literature of our school abounds with examples of this kind, and he who has put them to the test has found that he is a victim of misplaced confidence, and has been glad to hasten back to law.

The same applies to mixed remedies. As homœopaths, claiming to and knowing that we do possess an unerring guide which leads us to know what remedies can do, we certainly need more than prodding when we run after *ignis fatui*, or, as Dr. Hering put it, "We should not leave an old friend in order to follow a coquette."

A remedy is a remedy, even though it be composed of one hundred or five hundred different ingredients, provided it has been proved homœopathically. Until this is done, even though we use the simplest element, we can know nothing of its powers, and if we attempt to use it without a proving we are guilty of lawless empiricism.

G. H. C.

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THE MINUTENESS OF THE DOSE.—"I do not consider any as my followers, who, in addition to leading an irreproachable, perfectly moral life, do not practice the new art in such a manner that the remedy he administers to the patient in a non-medicinal vehicle (sugar of milk or diluted alcohol) contains such a small subtle dose of the medicine that neither the senses or chemical analysis can detect the smallest absolutely hurtful medicinal substance; indeed, not the slightest trace of anything medicinal at all, which presupposes a minuteness of dose that must indubitably dispel all anxiety from all officers of state who have to do with medical police."—Hahnemann, 1820.

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QUININE.—A journal in Boston estimates that the people of that place consumed about a ton of quinine in the course of ten days while la grippe was at its height. Just about four grains a day for each man, woman, and child. About this time look out for an epidemic of quinine insanity. Yet quinine will not be credited with this dethronement of reason. On the contrary, it will be considered a freak of la grippe. G. H. C.

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LA GRIPPE.—In response to our request we have received a number of papers treating on the late pandemic, "la grippe," a few of which we have published. As we expected, homœo-

pathic treatment has been successful, and no sequelæ have been noticed. In contrast to this, old-school journals are now publishing the results of their treatment, and the published mortality lists show what allopathy has done—for the undertakers.

Some of our correspondents speak of old troubles, which had been suppressed by drugs, reappearing after homœopathic treatment. This goes to prove Hahnemann's observations correct. In all cases we can unhesitatingly promise these patients that if they continue the treatment for awhile all their old symptoms will disappear, and they will be in a better state of health than since the original attack was suppressed.

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INTERMITTENT FEVER TREATED BY FRICTION.—Some more scientific (?) therapeutics from the *Lancet*: "Alois Fénykövy communicates to a Vienna medical journal an account of some observations made on the treatment of intermittent fever by means of friction of the back along the spine. Many years ago, while at Nisch with his regiment, there occurred so many cases of intermittent fever that the stock of quinine was becoming exhausted, and, in order that the patients might not be entirely without some sort of treatment, it was ordered that they should be rubbed twice a day along the spine with simple ointment. The day after this order had been given it appeared that the usual attack had not come on; *accordingly* (our italics), since that time Dr. Fénykövy has very frequently employed this treatment, and usually with marked success. Indeed, he says that three-fourths of his cases have done very well without any quinine at all.

We pass this on for the benefit of those "progressive" (mongrel) homœopaths who are always clamoring about the necessity of quinine in intermittents. We trust the source will be sufficiently regular and scientific to satisfy even the most blatant.

G. H. C.

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THE DEFINITION OF A HOMŒOPATHIC PHYSICIAN.—In the January number, at page 5, we called attention to the surprising definition of a homœopathic physician, given by one of the most prominent homœopathic physicians in New York City.

Our friend and subscriber, Dr. A. McNeil, of San Francisco, whose interesting contributions to our pages are familiar to all our readers, in a recent letter to us commenting upon the New York definition, gives this clever illustration of its absurdity:



"The definition of a Christian is one who is a member of 'our Church.' No matter if I have recourse to a violation of all the commandments, I am a Christian so long as I am a member of our Church. As all the members are like me, they will not turn me out."

W. M. J.

## OF THE DRUG CURATIVE.

DR. P. P. WELLS.

COMMUNICATED BY C. CARLETON SMITH, M. D., PHILADELPHIA, PA.

(Concluded from p. 63.)

The second case was that of a little girl, five years old, who was suffering from double pleuro-pneumonia of exceeding severity. When the sticking pain in her side was so sharp as all but to prevent her breathing at all, and as to reduce this to the shortest time compatible with life, a teaspoonful of water was offered her, in which a few medicated globules had been dissolved, with the assurance that if she swallowed the water it would relieve her pain. At the very instant the spoon touched her tongue, she shrieked, and declared it did not, but made her worse. It was with the suddenness of thought. There was, however, but this one stab, and it was never repeated. The writer gave the dose. The patient was his own child. The occurrence was before many witnesses. The case, from beginning to end, was of a kind to exclude all possible doubt as to any one of the facts here stated. It is given as a representative of a class which bears important testimony as to the nature of that power which relieves pain and cures disease. That testimony declares plainly, it is submitted, that this power is a *force* and not *matter*.

We have now, at some length, given what we wished to say on the essential nature of disease, its causes, and its cure. As might reasonably have been expected, *a-priori*, in this respect, the three exhibit a beautiful harmony with each other. The relation of cause, effect, and cure being established, and the arrangement of relationship being admitted to the work of an intelligent and disposing will, no other result could have been possible. We think the course of reasoning and illustration presented establishes the fact beyond reasonable cavil that each of these, in its essential nature, is a *force*, and that, so far as the two last

are concerned, their only material connection is that of association, in no way essential to their special action in the living organism as cause or cure of disease.

It is not sufficient to have established these facts to the satisfaction of candid and intelligent minds, as a matter of natural harmony, interesting to observe and contemplate. We are bound to go further, and answer the practical question—What then? What is the practical bearing of the dynamic nature, here proved, on the duties of the physician?

For, if not important in its relation to these, the whole subject is one of curiosity merely, and not worth the trouble of argument or demonstration.

It was for the purpose of presenting its practical relations that the subject has been so far pursued.

The first and most obvious practical inference, from the facts presented, is this: If disease be essentially dynamic in its nature, a change in the state of the living forces, merely, if it be but a force acting in a destructive direction, which, in its normal state, was active for conservatism, then the whole practical duty of the physician in accomplishing its cure is in this one act—to change the *state* of the vital forces to their original conservative balance. If this be the nature of disease, and this the duty of the physician, it is submitted, as obvious on the face of the subject, and to the most superficial observation that these considerations have most important bearings as to the means to be employed for the accomplishment of this end. If this be the nature of disease and its cure, then it is evident there must be a special relationship between the state to be changed and the means by which it is to be restored. And it is further apparent that this relationship must be permanent and subject to no change. It must be a *law* existing in the very nature of the state and the means. And, further, that the cure must be effected through this relationship, and only by means which comply with all its legal requirements. It follows, then, giving of massive doses of drugs to the sick, in quantities great as can be borne without poisonous results, and those selected *with reference to no law* other than that of the caprice of the prescriber, is a crime against science as well as the rights and welfare of the trusting sick. The second obvious inference is that it cannot necessarily require massive quantities of *matter*, merely to change the state of a *force*, even if it be matter which, in its natural state, has associated with it that form of the curative principle which the law of relationship requires for the accomplishment of this change.

It is clear that it can only require so much *force* related to this changed state by the law as may be needed for its restoration.

We have already seen that this does not necessarily bear any proportion to any quantity of matter whatever, but involves only force which, when developed by expansion, as taught in the *Organon*, has parted from its original material association and exists *only as force*, which admits of no measure of its capacity to cure by the application of those rules applicable to the measurements of material forces as applied to other relations. So that it follows not only is the law of selection of the curative dominated by the principles we have advocated, but the form and quantity of the related agent required for the cure as well. The third inference is that so to act on mere *force* as to change its state, only a *mere force* would be likely to be requisite. This would be the conclusion of every philosophical observer, and this is precisely the divine arrangement for the cure of the sick. It has been demonstrated thousands of times in the successful experience of Hahnemann and his followers, their success being ever proportioned to their adherence to this arrangement, as embodied in the laws inculcated.

The fourth practical conclusion is that those who directed their attention chiefly to the material results of the action of this changed force—the proper objects of the science of pathological anatomy—and regarded these as the disease, overlooked entirely the existence of the *cause* in their absorbing contemplation of the *effect*, and by this mistake laid the foundation of all that material philosophy which has pervaded medical science, and from which has sprung all those gross ideas of remedial means and their excessive administration, which has put the art of curing into that bad harmony with disease itself which exhibits both in their true character as destroyers of health and men. Fifth, that those forms of disease which present themselves in apparent changes in the structure of organs and which have been generally, by common consent, handed over to the province of surgery, were, in their origin, like other diseases only a changed force of which those material changes are the product, and that in the onset they were amenable to the curative action of those forces related to their state by the law. And, further, that the great majority of these cases are still, notwithstanding the material change in the structure of organs susceptible of cure by the proper application of the same forces on the well-known principle that the effect ceases when the cause is removed. It is well established in the experience of many who have recognized this



fact that the long list of formidable operations which have heretofore characterized the special existence of surgery as a distinct branch of the healing art, may be materially diminished, with no detriment to the interests of society but great gain in the sufferings and mutilations escaped.

Sixth. On this same principle, many diseases heretofore regarded as incurable, and therefore abandoned as without hope, are found to be quite easily removed by going back to the original change in the vital force in which they took their initiative, and adapting a curative force to it, according to the demands of the law of cure discovered. It is no detriment to this statement that the exact nature of this original change is often difficult to discover, or that it is often found in the antecedents of the progenitors of the present sufferer, until it is established in other sciences than that of healing, that difficulty in the practical application of a truth converts it into a falsehood.

Seventh. The dynamic nature of the curative element in drugs explains its successful application in the treatment of mental diseases. These are obviously immaterial. The success which has attended their treatment by the potentized immaterial medicinal powers is, of itself, proof that these diseases are, also, in their nature, in harmony with general diseases and their curative agents. These successes clearly declare that these mental afflictions are but a branch of the general family of diseases, and, like all the other branches are themselves but a changed state of the vital forces.

Eighth. If the above inferences and considerations are well drawn from the premises of this paper, we may add to them this other maxim, in conclusion, that all truth has uses in the practical affairs of life. There is no exception. Least of all are exceptions found in its application to that science of healing which has been heretofore so largely mixed with the false. It is conclusive evidence of practical imbecility when one replies to the presentation of a truth—"It is of no use!"

Lastly. It is affirmed of the truths discussed in this paper—the dynamic nature of disease, its cause, and its cure—that they are of the greatest possible use, in this, that they pervade and dominate all practical efforts for healing the sick, made in accordance with the laws appointed by the Almighty for the guidance and control of such acts. To ignore their existence, and yet attempt practical healing, is to wander in a voluntarily chosen darkness when a wise and beneficent Creator has furnished the clear light of a noon-day sun.

## SOME RELATIONS OF HYSTERIA.

(Read at the Meeting of the Organon Society, Feb. 5th, 1890.)

J. M. DUTTON, M. D., BOSTON, MASS.

The large family of functional nervous diseases seems to be constantly increasing. Nervous prostration has become a household word, since a large proportion of the chronic cases among the women of to-day have their origin, more or less intimately, in this system of the body. In face of these facts, the point of view of the medical profession, and the ground of their work have greatly changed, and in nothing do we see the revolution more markedly than in their estimation of the origin and importance of hysteria. To call a patient hysterical forty years ago meant, in the minds of most physicians, that she was silly or shamming or could get well if she pleased. To-day hysteria has taken its place as "the great neurosis" among the obscure diseases of the nervous system, and the expression of a diathesis which later may develop into an incurable disease.

Believing, theoretically at least, that Homœopathy includes all the scientific work of allopathists, with the addition of a consistent and curative system of therapeutics, it seems time well spent to review briefly some of the scholarly work done recently on the subject of hysteria by the master-minds in the old school of medicine. Volume VI of the *Index Catalogue of the Library of the Surgeon-General's Office*, contains a Bibliography of Hysteria of seventeen double-column pages. The references are to three hundred and eighteen books and nine hundred and fourteen journals. As homœopathic physicians, can we learn anything from this mass of literature, or does the mildew of materialism, which searches endlessly among decaying cells for a departed spirit, blight it all for us? Fortunately, any pathology of hysteria is, by the confession of the old-school men, entirely lacking. They have, however, made several guesses at the probable state of the nerve-tracts during hysterical manifestations which seem worthy of note. Dr. Chas. K. Mills, a voluminous writer on nervous diseases, in an interesting article on Hysteria in *Pepper's System of Medicine*, gives two hypotheses. First, that the phenomena are due to changes in the vaso-motor system. The irritability of the nerves which control the calibre of the blood-vessels in neurotic people is shown by a large number of symptoms, among

them chills, cold hands and feet, and a tendency to fainting. In syncope the higher cerebral functions are superseded, presumably through a contraction of the blood-vessels of the brain cortex. In favor of this hypothesis is a case of right-sided hemianesthesia. The special senses were affected, the sight of the left eye being almost wanting. Ophthalmoscopic examination showed the fundus of the right eye to be normal, while the left gave evidence of a contraction of the retinal blood-vessels to one-third their normal calibre. The curious researches of Anjel on the peripheric blood flow, during brain activity, give experimental evidence of vaso-motor changes in the brain. In normal persons, during mental activity, the turgescence of the tissues of a limb, inclosed in a plethysmograph, is found to diminish, presumably from the afflux of blood to the brain, but in neurasthenics, under the same circumstances, the plethysmograph registers no change.

That this well-known vaso-motor hypothesis does not cover the whole ground Dr. Mills allows. It is interesting to us, as homœopaths, to find his second hypothesis to be the dynamic origin of the disease. Of this he makes very little. Indeed, he confesses that it is equivalent to saying we know nothing about it as yet.

Dr. Mary Putnam Jacobi considers the condition fundamental to hysteria to be a congenital or acquired deficiency in the power of nerve elements to affect the storage of force in nerve tissue. The centres connected with the nerves of special senses and of common sensibility are, from the beginning of life, exposed to the most incessant stimulation from constant impressions from the outside. The storage capacity of the sensory centres is not deficient. It is rather the portions of the nervous system associated with the liberation of energy in action. These energies are of two kinds—motor and mental. The stimuli which provide for the storage of force-material in the nerve-centres concerned in mental and in motor action are far more indirect than the stimuli to sensory centres. It seems to be the discharge of motor energy which, possibly by emptying the cell of a certain amount of material, determines the gain of new material from the blood, and its storage in forms of higher complexity. It is evident that the nutrition of the muscular fibre depends largely upon muscular action, which decomposes and eliminates the material from the storage-cells. Where volition is involved there exists the possibility of avoiding action and so lessening the amount of stimulus which is necessary to the motor mechanism. This theory of deficient storage force in



hysteria is confirmed by the inability, as compared with persons soundly organized, to bear fatigue, mental exertion or emotion, privations of food or air, peculiarities noticeable even in persons who at the time seem in good health, with these constitutional tendencies latent.

Sir James Paget, in an interesting series of articles on "Nervous Mimicry of Organic Disease," proposes to separate cases of simulated hip-joint and spinal disease, paralysis, contractures, etc., substituting neuromimesis for hysteria, as a name better expressing the condition. "Hysterical patients," as he tersely puts it, say "I cannot," it looks like "I will not," it is "I cannot will."

This is only partially true. A true paralysis of the will occurs in non-hysterical people and has recently been studied by alienists.

Sir James Paget is not alone in attempting to rid the world of the title "hysteria"—a word whose derivative preserves to us the absurd misconceptions of former ignorance—but none of these have been accepted, nor have passed into practical parlance. Dr. Beard's well-known essay on "Nervous Exhaustion," was written in 1868. He then first used the word "neurasthenia," which has since been so generally adopted. He distinguishes this, however, from hysteria, and his lead is usually followed in later articles. The only distinction between them, however, which is invariable and does clearly separate between them, seems to be the sex and temper of the patient. If this be a female and notably weak and selfish the case is pronounced hysteria. If a man or a woman of natural force of character it is called neurasthenia. This seems hardly a fair distinction, since marked intellectual ability, even genius, are often found in hysterical patients. Madame de Staël indulged in the most violent outbursts of hysterical emotion, Charlotte Brontë suffered from prolonged hysterical hypochondria, George Eliot was the victim of hysterical headaches and minor forms of the disease. Burton, the author of *The Anatomy of Melancholy*—a monument of curious learning and quaint wisdom—was himself a victim of the gloomy mood he so well dissected. Mahomet had fits, which do not seem to have been epileptic, which were accompanied by depression of spirits, trembling, and a sort of trance, with a strong tendency to suicide.

Reference has been made to the belief among many physicians that hysteria is the expression of a diathesis, more particularly of scrofulosis and tuberculosis.

To followers of Hahnemann this seems like a truism. The

expression in the old school of so much insight into the causes and relations of disease is, however, rare enough to be interesting. Grasset, the Professor of Practice in the Montpellier School of Medicine, writing in 1884, gives utterance to the following opinions: "Tuberculosis, like all other diathesis, is an essentially general and constitutional disease of which pulmonary phthisis is but one manifestation. It may show itself as a neurosis, more particularly as hysteria. In speaking of hysteria as a tuberculous disease, therefore, we do not assume the existence of tuberculous matter in the nerve centres, for we do not look upon tubercles as pathognomonic of the diathesis, which exists without them, as they may exist without it."

He then carefully tabulates forty-four cases. In twenty-five the neurosis was the only manifestation of the disease, other members of the family suffering from phthisis. The remaining nineteen show an alternation of symptoms, and Grasset proceeds to demonstrate how hysteria often moderates phthisis, phthisis in neurotic subjects having slow development and periods of long intermission. He adds that the Montpellier School of Medicine sanctions and supports his point of view.

This is satisfactory, since with unimportant exceptions the article might have been written by a disciple of Hahnemann.

There remains the discussion of the relations of hysteria to insanity.

Sir James Paget believes that a large majority of the worst cases of nervous mimicry occur in families in which insanity has been frequent. He believes the relation of hysteria and hypochondria to insanity is often more one of degree than difference in kind. He considers that, whatever insanity may be as a disorder of some portion of the brain, the like is nervous mimicry as a disorder of other and lower nervous centres, and adds—surely any nervous centre may "go mad," as well as any part of the brain which is appropriated to the use of the mind.

Dr. Lloyd has done interesting work on this subject in an article, "Hysteria, a Study in Psychology," published in the tenth volume of *The Journal of Nervous and Mental Diseases*. The reasoning is, however, so close that it cannot be represented by extracts.

To summarize this very incomplete review of some of the work done by the allopathic school, we have considered the changes of opinion about the cause of hysteria. We then reviewed some of the hypotheses about the condition of the nervous system during the incubus of hysteria, it being possibly:

1st. A vaso-motor change.

2d. A change purely dynamic.

3d. Possibly due to a deficiency in the storage force of the motor and mental sphere, or,

4th. Due to a paralysis of the will.

We next considered the causal relations of hysteria to tuberculosis, and, lastly, its relation to insanity. Turning now from a review of hysteria, from the point of view of the old school, I will state, as briefly as may be, a case of neurasthenia treated homœopathically. It is selected because it shows the incompleteness of Sir James Paget's clever dictum, "she says 'I cannot' it looks like 'I will not,' it is 'I cannot will.'"

L. E. C., æt. thirty. Her inheritance is a peculiar one. Her mother is profoundly hysterical, and has never once in her life been told the plain truth about herself. By virtue of a hypertrophied heart she has kept her family in subjection to her sensations now forty years. The father was reserved, dignified, self-forgetful, strong of purpose, and of iron will. He is now, unfortunately for his daughter, dead. My patient has inherited both these characters markedly. Dr. Jekyll and Mr. Hyde were not in closer quarters than are these two temperaments fighting out their differences as best they may in the narrow limits of this body. Here we have what we have supposed would be the salvation of hysterical patients, could we obtain it for them, a vigorous will-power; but imagination and sensation in spite of it run riot over and about it. L. E. C.'s circumstances are these—she has to manage a house filled with boarders, her mother's sensations and her own, which are an army in themselves. My notes of her symptoms date back four years. She came to me, drenched with allopathic drugs—the bromides, iron, arsenic, brandy every day. The report of her mental symptoms I copy from my note-book: "Greatly worse from the presence of people. Before going down-town the terror and apprehension she suffers bring on vomiting and diarrhœa, some times two or three times. Never eats breakfast when going out in the morning. Believes herself pursued, always walks near the building to protect one side, must keep constantly in motion, because only thus can she distance the enemy. Almost unable to sit quietly in a horse-car, the people are so terrible. Uses all the strength she has not to scream and run away. Comes out of the cars trembling and in a cold perspiration from the effort. Cannot go into public assembly; the enemy gets up with her and pulls from behind, the seat moves from under her and she thinks herself pitching forward." Remember, this woman never



did scream or run away once. She went down-town, into crowded streets when it was necessary, she quieted and controlled her mother and smoothed the ruffled tempers of the boarders, at what cost no one but herself will ever fully know. Among physical symptoms were menstruation so profuse as to leave her, after ten days, exsanguinated and greatly weakened; constant dyspepsia with nervous nausea. As a child she had had croup and suffered now frequently from acute attacks of spasmodic strictures of the throat which the old-school physicians had called laryngismus stridulus. This was the picture of the case as I first saw it. Now, after four years' avoidance of drugs and frequent homœopathic treatment, the condition is this: Not well, she never will be until rid of the incubus of her mother, but greatly relieved. No attacks of stricture of the throat since eighteen months; menstruation painless, usually normal in amount; mental symptoms generally same, with occasional relapses which give a faint impression of this disorder formerly drawn in with such black lines. This usually silent, reserved woman broke out recently into exclamations of praise and gratitude to Homœopathy. It had made the world over for her, it had made life endurable.

To describe the remedies which have brought about this happy result is difficult. Under the wisest and most experienced application of remedies the way would have been winding, for no one remedy could probably have made a cure, and I had scant experience in the use of the homœopathic remedy when I began with the case. Not to confuse matters, then, I will give one prescription:

Dec. 28th, 1886, three months after beginning treatment. "Vertigo, with faint nausea on turning to the left; even one inch from the median line would bring it on. This symptom was much emphasized. Great terror at the approach of people, must keep in motion, depressed during the effort of digestion, yet has the impulse to eat, frequently faint, gone, needs food. Complexion very pale and sallow. Menses like a hemorrhage violently profuse. Iodine<sup>cm</sup>."

Jan. 18th, record reads: "last prescription serious mistake. Patient much worse, strange, yellow pallor of skin. Dislike of people intensified, says: 'I dare not look at any one because I know hate is in my eyes.' Thoughts of suicide. Tedium vitæ pronounced. Is menstruating. Is surprised that the flow is so small, thick, black; never so before; no pain." I gave nothing, not from an intelligent appreciation that I had the right remedy, but from sheer fear of doing the wrong thing,

and because I could see nothing to do. Improvement came slowly ; nothing more was given during two months.

I now believe the Iodine was one of the most important agents in bringing about improvement. The curious left-sided vertigo did not return for a year, and then was far less marked. The terror of people has substantially never returned. I was led to Iodine in the attempt to cover the singular symptom, vertigo, with sick faintness, on turning to the left. Iodine was the only remedy I could find which had this. Then, it seemed to me, no remedy had so many of the peculiar mental symptoms—*e. g.*, fear of people.

Fresh from the study of diseases under allopathic care, accustomed to the treatment, which, like a bow drawn at a venture, often misses entirely, and never hits the bull's-eye with such exactitude, I was bewildered with the results obtained. In looking back and recalling my sensations I seem like a child who should set a match to a powder magazine not expecting any great effect.

The subject on which I need instruction, and which I would like to present for discussion, is this: Was the aggravation necessary to the improvement? Is the patient too sensitive to endure a CM potency?

These aggravations have been unfortunately frequent in the treatment of this patient. They certainly are not a pleasant cure, and I question whether in a case of melancholia, with a suicidal tendency, they might not be dangerous.

#### DISCUSSION.

Dr. Wesselhoëft—The theory advanced by Dr. Jacobi seems the most satisfactory, that certain storage-houses of nerve force are weak, and that others are overstocked. The other theory that was interesting was: "Why should not a nervous centre go mad?" It is a very bright thought. These patients are strong in some ways and weak in others. They often have the finest perceptions and the greatest intelligence, and you will often see self-sacrificing lives shown in these neurasthenic patients when you least expect it.

In regard to the prescription of Iodine, and the patient in the next two weeks being much aggravated in her mental condition and improved in her physical symptoms, there was no doubt about not interfering, especially as the remedy was satisfactory.

As regards aggravation in general, my own experience has

been that I have seen more of them in the last ten or fifteen years than before, owing either to better observation or to a longer time being given to the selection of the remedy. The aggravations have been more intense, but the cures have been better, and the remedies have been allowed to act longer. I have now a case in which Causticum has been given in the CM, DM, and CMM potencies at intervals of not less than ninety days. I used to repeat oftener, and did not respect the remedy. The long-continued aggravation of two weeks is rather rare; usually, in my experience, it is from four to ten days.

Dr. Tompkins—You spoke of mental aggravation and improvement in the physical condition, did you mean this as a special indication that the remedy was acting well?

Dr. Wesselhœft—Usually the mental symptoms are ameliorated first.

Dr. Dutton—Would an aggravation have come from the 200th?

Dr. Wesselhœft—That is a question that can only be settled by a long series of observations.

S. A. KIMBALL, M. D., *Secretary*.

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## NOTES FROM PAST MEETINGS OF THE LIPPE SOCIETY.

Dr. Lippe read a paper containing a translation § 154 of the *Organon*, with comments upon the ignoring of the principles of this paragraph by the mongrels, and a defense of the materia medica as it is against the efforts of the so-called "liberals" to revise it.

[If Dr. Lippe were living to-day he would find equally as much work for his pen against materia medica "revisers" as in the latter years of his life. If these men would only do as Dr. Lippe did, cure the sick, they would not be such blatant opponents of Homœopathy.]

Dr. Fellger remarked that were such efforts at revision successful there would be no Homœopathy at all.

[Dr. Fellger's life was spent in curing patients by adhering to Hahnemannian Homœopathy. He was able to appreciate its benefits, as he had been a surgeon in the German army and had become thoroughly disgusted with the vain efforts to cure disease which he saw while he occupied that position. Those who knew Dr. Fellger are alone able to do justice to his memory.]

Dr. Lippe, in his paper, mentioned the case of a man with



typhoid fever who was constantly moaning and whining. It was not the deep, heavy moaning of Muriatic acid, but a whining constantly uttered. At the same time there was suppression of urine. Apis brought about a cure. Several years later the same man was taken with small-pox. The eruption failed to appear, and there was suppression of urine and constant whining. Apis was again given, and the next morning the pustules came out large as small grapes, urine flowed in large quantity, and there was no more whining.

Dr. Fellger, speaking of the effects of imagination, related the case of a blacksmith who sat down to dinner at which a custard was served, and which looked so like fecal matter that he immediately after vomited. It was impossible ever to mention the name of custard without his vomiting as a consequence. Another case was a woman who saw a criminal beheaded, and who soon after gave birth to a child with one hand amputated.

Dr. Lee knew of a case of a child being born circumcised, the mother having shortly before witnessed such an operation.

Dr. Fellger knew of a woman who, whilst pregnant, attempted to reach for a book on a shelf above her head. In so doing she brought down upon her head several other objects. When her next child was born it had a large swelling upon its head.

At a meeting at which Dr. Berridge was present a discussion arose in respect of the importance of avoiding perfumes about the sick-room. Dr. Berridge said that Dr. Wilson, of London, who was a most careful prescriber, had given Lachesis to a patient without perceptible effect. Being satisfied that it was the remedy, he searched for a cause for its non-action. He noticed that the patient had a handkerchief saturated with cologne. When this was taken away the next dose of Lachesis took effect.

Dr. Lippe asserted that violent emotions, like anger, will suspend the action of a remedy. He mentioned a case of toothache for which he gave Ratanhia<sup>30</sup> whilst the patient was smoking, and the pain was gone shortly after. We now, said Dr. Lippe, rarely see toothache.

I frequently have seen toothache precede tuberculosis. Now we scarcely ever see such a phenomenon; but we see catarrh preceding the same troubles. If the catarrh be suppressed, then the tuberculosis will the sooner become manifest. This I have often seen in young girls.

Dr. Fellger, on the subject of Morphia, said that its use had largely increased in Germany. Some of those who took enough

to develop its symptoms had certain involuntary motions, especially a backward ambling.

Dr. Berridge remembered that Picrotoxin will make an animal run backward. He had given that remedy to a dog which, while in a fit, ran backward, and cured him.

Dr. Fellger said he had once accidentally poisoned himself by scratching his finger with a pin charged with an arsenical preparation. He was troubled with dreams in which everything seemed dead—men, animals, plants, all seemed dead. Then came thirst.

Dr. Lippe said that Arsenicum metallicum was proved in 1850 by Dr. Duffield and himself, and published in the *Examiner*. Those who took it, and who had had syphilis many years before, had all the symptoms reappear. Their hair fell out, and they had chancres. These symptoms showed that Arsenicum metallicum was a remedy for some cases of syphilis.

Dr. Fellger had seen a case of syphilis in which the patient became so violent from the intense pain that he had to be held by four men. The symptoms all pointed to Arsenicum, which quieted the pain in a few hours, and by the next day it had entirely disappeared, and in about nine days the man was well. Dr. Lippe said that it was Dr. Duffield who observed that the Arsenicum pulse was more rapid in the morning than in the evening.

DIARRHŒA.—Dr. C. Carleton Smith spoke of the epidemic of cholera which occurred in Chicago while he was practicing there. Patients would come into his office holding the hands upon the abdomen and fearing they would have an attack of diarrhœa immediately. They could not trust their bowels. Aloes would relieve all such cases, and they escaped the cholera afterward.

Dr. Lippe said the principal indication for Thrombidium in diarrhœa was much pain before and after stool and terrible tenesmus.

The stool is mostly mucus, with great straining. The attack comes on always after eating, no matter when. Drinking has nothing to do with it. Dr. Lippe had cured a very bad case of this kind of diarrhœa with Thrombidium, his attention being called to it by the indication, *diarrhœa occurring only after eating*.

Dr. Preston had had a case of chronic dysentery of only one or two stools a day. But after every stool was a discharge of jelly-like mucus. Kali-carb. cured.

Dr. Lippe added that Asarum has the same symptom.

Dr. Preston said that the symptom, jelly-like stool, could be found under Kali-carb. in Jahr's *Symptomen Codex*.

Dr. Fellger said that Aloes has the symptom, mucus passed after stool. The principal symptom of Aloes is jelly-like mucous stools.

Dr. Lippe had cured a case of diarrhoea in a horse following pneumonia by observing the symptom, mucous discharge from the wide-open anus. Phosphorus, one dose, was given, and the case was cured.

Dr. Clark related a case of diarrhoea with tenesmus and violent pain and a never-get-done feeling. Mercurius corrosivus relieved promptly when everything else failed.

Drs. Allen and Guernsey agreed that Mercurius solubilis, 6 CM potency, was a perfectly miraculous remedy for diarrhoea with tenesmus before, during, and after stool.

CONSTIPATION.—Dr. Long, of New Brunswick, said that in babies affected with constipation the doctor should see that the nurse does not use powders containing Lycopodium, as it causes constipation in babies.

Dr. Lippe said that when babies have constipation with painful stool, Veratrum would cure beautifully.

Dr. Long had cured a case of chronic constipation with Aloes; the indication being sense of weight in the pelvis before and after stool.

Dr. Lee had had a case of constipation in a child, for which he was unable to find any suitable remedy that would relieve until he noticed the *fan-like motion of the wings of the nose*. He gave Lycopodium and a cure promptly followed.

DISORDERS OF URINATION.—A case was reported of a man who had continual desire to urinate at night when lying upon the back. If he lay upon the side he was not troubled; but if he lay upon the back, he must get up at once. Pulsatilla was put down in Allen as the remedy having this symptom. It was given and cured him at once.

Dr. Mahlon Preston reported a case of a woman who had not passed any urine for three months.

Dr. Allen had had a similar case.

Dr. Fellger said that Zingiber is indicated where suppression of urine continues any length of time.

Dr. James spoke of the indication for Sarsaparilla: Can pass urine *only when standing up*. He had cured a little girl troubled for a long time with incontinence of urine at night during sleep. She had this symptom that she could not pass urine voluntarily except when standing up. Sarsaparilla was given, and cured immediately and permanently.

Dr. Guernsey said that Ferrum-phosphoricum has desire to pass urine whenever she moves about.



Dr. Guernsey had a case of a woman who for two years had a desire to urinate during the night. If she did not at once rise and pass water she had a violent headache. Gelsemium has the symptom, headache relieved by urination. Accordingly Gelsemium was given, which relieved very soon.

Nose-BLEED.—Dr. Fellger related the case of a man who died of nose-bleed notwithstanding the usual treatment of tampons used by his old-school physician.

Dr. Guernsey related that a cork factory took fire and burned down. Every one of the firemen was taken with nose-bleed. The doctor thought it might be accounted for as a proving of Carbo-veg. The doctor had cured cases of nose-bleed with Carbo-veg.

Dr. Constantine Lippe said that Dr. Swan claimed that Vipera acuatica Caranita was almost a specific for nose-bleed.

G. H. C.

## HOW TO SELECT THE PROPER POTENCY.

The following instructive and interesting discussion is extracted from the proceedings of the International Hahnemannian Association, and was started by a paper of Dr. B. Fincke, entitled "Contributions to Materia Medica." We have chosen it knowing that it will profoundly interest the majority of our readers.

[EDS.]

DISCUSSION.—Dr. Emory—I have listened to that paper with deep interest; it is right along the line of thought which have exercised me considerably and often. Dr. Fincke has certainly shown some light which has left us in as bad a mess as we were before. I would like to know if Dr. Fincke has found out how we are to individualize our cases in regard to potencies in each case. Is there any other way except empiricism? Are there any instructions to select the different potencies for different patients? I am sure homœopaths all over the world would be thankful to Dr. Fincke for some light on this subject.

Dr. Reed—It seems like something wonderful about the action of potencies on the human organization. I have a case in mind of a patient sick unto death from malarial fever and treated by an allopathic physician on account of the distance from a homœopath. I was afterward requested to make a visit. The simillimum was Sulphur. I gave a potency 51 M, Fincke, and sometimes CM, whenever necessary to go higher. The man was

cured with one dose. In four weeks afterward he had prosopalgia of right side of face occupying whole of the right side—with extremely acute, lancinating, cutting pains aggravated by heat—thermometer  $18^{\circ}$  below zero out-doors—and when near the stove the pains were worse, but when cold the pains were easier, could not bear the heat.

There is only one remedy, Bryonia 2 C. I gave him two or three powders to take with him. He went home and took the powders four hours apart and came back no better. I gave him another dose of the same potency and he went home and took it and came back no better and much discouraged. "I will cure you right away," I said, and I went to my case and took a bottle of Fincke's 76 M and gave him a dose on his tongue and in five minutes he said, "Doctor, that is my medicine." Why did Bryonia 2 C do no good? Because he had had a potency of Sulphur 51 M and he had become used to high potencies and a low potency could not act where a high potency had been acting.

It was the same way with a cough which Professor Kent had been treating. I said Phosphorus (was the remedy) and the question was—as she received no benefit—why was it? Because she had always received Phosphorus CM, and Phosphorus 2 C, did her no good, but the CM potency cured her in five minutes.

Dr. Butler—It is all true, but how to do it is the question. My father had a brother five feet seven inches high, and how is it they were not the same height? We don't know. I am quite agreed to admit the same need to make the remark you will all accept in the very line Dr. Emory did. These are all well, and the paper is valuable as to the similitude of the dose as well as the similitude of the drug; but at present we have no knowledge how to choose the potency of the remedy, but may give experiments. I believe that the lower potencies are more safe for action in acute cases, and the higher in chronic cases; perhaps because I have a tendency to repeat in acute cases pretty quickly. I am going to use a tincture of 2 C for acute cases and try it, and tell you by and by.

Dr. Reed—They can be safely repeated provided you don't repeat too far. Give the remedy in solution, and watch the patient until you get a satisfactory action of the drug; then stop, and you are safe.

Dr. Schmitt—I have taken that subject into consideration many times, because I have had cases where only certain potencies would act. I remember the case of a man who was a continual drinker, and his stomach was out of order very often. He came once to me with colic in the stomach caused by drinking,

and I gave him Nux-vom.<sup>2c</sup>, and he had hardly taken it, and while I was making up some more powders, when he gave one eructation and said: "I am all right"—all the pain was gone. I gave him a few powders to take when the pain came on again. It lasted half an hour or longer. He came to me again and wanted some powders. I knew I had given him Nux-vom. (I did not take the case down), but I had forgotten the potency, and as I generally prescribe the CM, I gave him the CM. He went home and came back in the evening, and said: "the powders did not do any good." He took them on a full stomach. I then remembered I had given him Nux-vom.<sup>2c</sup> in the first instance. I gave him this accordingly, and he hardly had it on his tongue before he was all right. He went into other hands for an attack of pleurisy because I wanted to force him to high potencies. I did not know as much as I do to-day. I gave during the attack of pleurisy Aconite<sup>cm</sup> and Bryonia<sup>cm</sup>, but did not get a bit of response. Then he called in another physician. I should have given that man 2 C, and I would have then got a response from the remedies.

Dr. Reed—You established a precedent in your 2 C potency.

Dr. Schmitt—That may be, although I have sent out a kind of feeler, as Sulphur or Sepia, especially given in the 3 and X, then the 2 C, CM, and MM, especially in cases of consumption where Sulphur is indicated. I would rather give 2 C of Sulphur first instead of the CM.

Dr. E. T. Adams—I have long known how difficult it was in my own cases to find the indicated remedy, but I begin to feel from the present discussion that it is much more difficult to find the indicated potency.

Dr. Emory—Dr. Reed said that Dr. Schmitt had established a precedent in the first prescription of 2 C. Is there anything in that? Can you establish a precedent of that kind? It is contrary to my experience in the treatment of chronic cases. I nearly always begin with the 2 C, and let it act until it ceases. Then if there is no change of symptoms, I give a higher, and find the higher potencies act more efficiently in these cases. A precedent was not established by the 2 C. I generally give a higher potency if the remedy is well indicated.

Dr. Reed—I don't know if that is true. Here is a case that occurred after confinement. I knew her remedy was Calc-carb. I had given Calc-carb. before her confinement (2 C), and I thought to myself, I will give Fincke's 85 M. I gave her 85 M of Calc-carb., but no benefit accrued therefrom. All the symptoms remained the same. I did not know what to do, and hesi-



tated for two or three days and then gave *Cale-carb.*, 2 C, and she rested well afterward. I cannot explain this thing to Dr. Emory. It will have to be explained in the future.

Dr. Custis—This is the most important discussion started since the meeting convened, and it opens a subject which has shown just what this Association is in existence for, and I have studied it more than any other one. Dr. Butler will miss it if he divides his cases into acute and chronic. Some people are made for one potency, and some for another, perhaps, but the difference is in the nature of the disease. Diseases which depend upon change of function, such as Dr. Schmitt's man, can be met with a lower potency with effect; but if there is organic change, for that I would much prefer, and think better results come from higher potencies, and if the acute condition is ingrafted upon the already organically diseased organ, the higher and highest act the quickest, but will not bear any repetition at all.

If Dr. Schmitt's patient had an organically diseased stomach, and then had gone on a spree, he would have had a better result in the higher potency than in the 2 C. It depends more on the constitutional condition of the patient, and whether the disease is purely functional or threatens organic changes.

High potencies are more prompt, and the only ones that will cure diseases where there is organic change such as tubercular meningitis, and then they must be used carefully and not repeated.

Dr. Schmitt—Is pleurisy an organic change?

Dr. Custis—It is after it has started—that depends on your man. In some cases a low potency man cannot be acted upon by high potencies. Sometimes I get patients who have been all around before they could get any results from medicines. It seems to me to be more in the peculiarity of the patient.

Dr. Biegler—This field is an unexplored one to me, and I have never been able to obtain a guide by means of chart and compass to steer myself with, and the only point in my mind in this discussion on which I am quite satisfied is that in acute diseases, such as diphtheria. In that disease I have never cured a case with low potencies, and I think if I get a case in time and no interference, I never lose a case of diphtheria with the high potencies. Also my experience is that I seldom have to repeat the dose. They recover on the single dose in the majority of cases. I found that in a very severe case where the remedy (*Belladonna*) cured in four or five days with a single dose. When we say that we ought to prescribe the high potencies in chronic cases, I am doubtful. Here is an illustration

that invalidates that proposition—how can I give you any light except I select the potency according to the susceptibility and sensitiveness of the organism of the patient?—I may say, “*by guess work.*”

Dr. Emory—I don’t know whether it would meet with favor or not. I move that we request Dr. Fincke to follow up this paper with any light he can throw upon it.

Dr. Biegler—I wish to suggest that a vote of thanks be given Dr. Fincke, and an invitation to continue his good work and to become a member of this Society (and pay his fee).

*Motion* (President)—It is moved and seconded that a vote of thanks be tendered to Dr. Fincke for the able paper he has here presented, and an invitation or request be extended to him that he may at a coming meeting also present his further views in regard to his observations as to the result of the remedies and their potencies. Carried.

Dr. Sawyer—We have had during the past fall and winter in our town an epidemic of diphtheria. Under the allopathic treatment whole families died. We have had an exceedingly bad type of diphtheria there—some children died inside of twelve hours, in spasms; from the time of taking the disease. I had my full share of cases, and in no instance did I give any potency below the 5 M. I lost no cases and rarely repeated my remedy. I also had a case of acute interstitial nephritis with black urine and swelling of the body from head to foot. Lachesis was the remedy given in the CM potency with slight amendment; then I gave one dose of the 11 MM (Fincke), and in twenty-four hours the patient was cured and the black urine gone.

Dr. Kimball—Are you sure they were cases of diphtheria and not follicular tonsillitis?

Dr. Sawyer—The best physicians and surgeons said it was true diphtheria. It was something that killed in a few hours under allopathic treatment.

Dr. Stowe—However much we may search for the square rule for the selection of the potency, we shall never reach any other safe guide than that which the lamp of experience gives us. Judgment and experience must be the only guide by which to select the remedy and potency.

Dr. Long—The remedy Calc-carb. was mentioned. Has any physician had a quick and prompt action from Calc-carb. in chronic cases? Dr. Reed waited two or three days; I waited six weeks when I gave any of the CM potency.

## LA GRIPPE.

SAMUEL SWAN, M. D., NEW YORK.

The wide prevalence of la grippe, and its cause, have been commented on extensively, but with no very definite result. Certain atmospheric conditions may lead to a clue as to cause. Some years since, it is reported, the mercury in St. Petersburg rose thirty-two degrees in one night, and the next day there were forty thousand cases of the grippe. Did the sudden rise in temperature come from the lessening of ozone in the atmosphere? for it was said to be below normal the next day. If investigations have been made in this direction they have not appeared in print, but it would be well to fill a chamber, where there were persons sick of the disease, with pure oxygen and ascertain the effect. There does not appear to be any symptom of the disease itself, to make it fatal, and cases left to expectant treatment have recovered; but the parties were strong, healthy persons when attacked. Now there is no reason for a strong, healthy person dying from the grippe, but such *have* died and I think the cause lies in the great quantity of that deadly poison, *Quinine*, which is given indiscriminately to all. The grippe is a disease of a depressing nature, and, when added to that, we have the terribly depressing after-effect of Quinine—it is more than the vital force can react against and the croupous bronchitis is followed by croupous pneumonia, and death closes the scene. But this is not all. The insanities, the suicides, the murders are greatly due to this deadly poison. Hahnemann made a careful investigation of its effects on himself and his friends, for it was from this drug, the Cinchona, that he made his discovery of the law, *Similia similibus curantur*. I will quote from his provings some of the mental symptoms, and the alternate conditions of exaltation and depression are recognized by every observant physician:

“Intolerable anxiety, he jumps out of bed, and wants to kill himself, and, nevertheless, dreads to approach the window or the knife. He tosses about the bed, beside himself, and in despair; inconsolable, distressing, moaning, and screaming; taciturn; obstinate silence; disobedience; want of docility. Ill humor increased by caresses. He despiseth everything; dissatisfaction; he thinks he is unhappy, and imagines he is tormented and teased by everybody. He is vexed and gets easily angry.



Anger increasing to the most violent wrath; he could have stabbed one. Inclines to feel angry, and seeks opportunities for it; afterward quarrelsome and disposed to grieve, and reproach others. Congestion of the brain, and abolishes the cerebral functions. It causes deafness, and serious inflammation of the internal ear. Blindness, ischæmia of the retina; neuritis. It produces stupor, delirium, and convulsions. Disturbance, or rather emptiness of the mind—insanity, excitement. Feeling of impending evil in the afternoon; fretfulness; anger after sleep, even about a draught on the legs. Apathy, indolence, disinclination for mental labor. Thought difficult when writing. Memory 'muddled'—mistakes in writing 'left' for 'right' and *vice versa*. Loss of power to name substances; mistakes in adding figures; perception of quantities impaired; vacancy of ideas."

Quinine has a specific action on the spinal marrow and spinal nerves. Its first effect is to excite the nervous action, which is followed by a depression of the vital functions, and an increase of sensibility—and the depression is more profound than the previous exaltation. Characteristic indications are general languor, sudden sinking of strength, trembling of the limbs, nervous twitchings, convulsions; violent headache in the vertex, causing great anguish and delirium. It is not my intention to give more than an outline of the effects, but I quote from the respiratory organs to show why it produces pneumonia, and why people, who have habitually taken Quinine, generally die when attacked by pneumonia.

"Hoarseness from mucus in the larynx. Whistling, whizzing, rattling in the trachea and larynx. Tracheitis—catarrh of the trachea and bronchi. Cough from constant irritation in the throat, as from the vapor of sulphur, without expectoration. Nocturnal suffocating cough, like whooping cough, with intense pain. Violent cough after every meal. Cough with expectoration of blood-streaked mucus. Cough with difficult expectoration of clear tenacious mucus, with painful concussion of the scapula. Hemorrhage from the lungs. Cough with purulent expectoration. Adynamic preliminary phthisis, with profuse purulent discharge, loss of strength, evening fever and night sweats."

Why sudden deaths occur, may be inferred from the following heart symptoms: "Faintness; fell suddenly in the street; fell to the earth senseless; rush of blood to the head and face, which was red and hot, with coldness of the hands; violent palpitation of the heart; sensation as if the heart had stopped, pulse cannot

be felt; heart ache; heart failure; melancholy feeling about the heart, with desire to take a deep inspiration."

It will be observed how few stimulating symptoms there are compared with the depressing ones. Business men, brokers and lawyers, men engaged in business that causes "brain fag," generally keep a box of Quinine pills in their pocket, and when they feel themselves "letting down" they take a pill as a "pick-me-up." But should they have pneumonia, and they are apt to be attacked with it suddenly, they will surely die; an eminent physician, lately deceased, than whom there was never a more careful observer, gave it as *his* belief, the result of many years' experience, and my own observation has confirmed its truth. I think if the truth could be known, hardly a person has died of the grippe that has not taken Quinine. But not all have died of pneumonia. The violent, unbearable headache, principally in the top of the head, is followed by coma, varied by violent delirium, stupor, and cerebral apoplexy preceded by the redness of the face closes the scene, and this condition is caused by Quinine.

It was reported in the papers that on Monday, the 6th of January, there were eighty-two corpses in the morgue, and that they were all the bodies of suicides. The great depression and hopelessness resulting from Quinine with the desire to kill, would account for many or most of these suicides.

All of the symptoms mentioned above are liable to appear when massive doses of Quinine are given—but from want of knowledge, physicians declare Quinine to be harmless, and give from five to fifty grains at a dose; and the result of too much is delirium and death. Antipyrine is now being proven, and no doubt we shall find another deadly poison, which is given without knowledge and without judgment. If physicians were examined as to their knowledge of *drug action*, the surprise would be that they ever dared recklessly to give such poisons at all.

Most of the above symptoms were obtained by the proving of *Cinchona officinalis*, or Peruvian bark, while Quinine is cinchona mixed with sulphur, making Chinium sulphuricum; but the addition of sulphur only intensifies its action, as there is no greater depresser than sulphur.

If this paper will "call a halt" in the use of Quinine, the object of the writer will have been attained.

## LA GRIPPE.

H. B. STILES, A. M., M. D., ABILENE, TEXAS.

Since writing my last report upon la grippe (HOMŒOPATHIC PHYSICIAN, February No., page 86), I have had a little more experience with the disease, and can report a most speedy and homœopathic remedy for the tormenting frontal (and other) neuralgia which in this country is an almost certain sequel of the disease.

In Dr. Jno. Butler's text-book of Electro-Therapeutics, p. 31, in the pathogenesis of electricity, will be found the following symptom: "Pain tingling, acute, darting, lancinating \* \* \* sometimes producing great agony." These are the indications for this mighty polychrest. Belladonna, Spigelia, and Chin-ars. do relieve this neuralgia, but not with the certainty and celerity of the Faradic current.

In numerous cases Dr. Evarts and myself have used our portable Faradic battery with results most gratifying to our patients and ourselves.

Owing to the extreme sensitiveness of the affected parts, we must make the current very light. So we place a rheostat in circuit by which we can graduate the current to any attenuation. Stroking the part (usually forehead) with the electrodes for five or ten minutes usually relieves the pain completely. In some cases we have to repeat the process in half an hour, and in severe cases it is necessary to treat the patient on two or three days. But ordinarily the action of the current is quicker than that of any other homœopathic remedy—though, of course, it must be clearly indicated. It is vastly superior to the stupefying morphine with which the "scientifics" have rendered their confiding friends oblivious to pleasure and pain. It relieves without stupefying.

A very small battery is sufficient—one that can be obtained for five dollars, and even that is likely to be too strong, necessitating the interposition of the rheostat.

Our static and galvanic batteries also relieve cases that come to the office, but being non-portable we do not use them so frequently as the Faradic.

ANOTHER CASE.—Sam S., æt. ten. I was called in haste to see this boy, who had suffered three or four days with la grippe before I was called.



His mother reported that two hours before I came he was seized with a spasm which is briefly described as a severe opisthotonus. She said his head and heels came within fifteen inches of each other, while every joint in his body seemed to crack. The symptoms were: red face, moderate fever, dry mouth, extreme nervousness, starting and jumping in sleep, inclined to stupor. R. Belladonna, at eight P. M.

At two A. M. his father called me. Reported child as worse. Had no more spasms, but seemed to be approaching them. More nervous; boring head into pillow, grinding teeth, face flushed on one side, pain in epigastrium. R. Chamomilla, sending it by the father. Followed myself in half an hour. Found the medicine had acted already and somewhat soothed the nervousness. So I continued it, though I confess that appearances then were more suggestive of Opium. But I remembered Dr. G. J. Jones' advice to "let well enough alone" when medicine is acting properly. The child continued to improve, receiving a dose whenever he seemed worse, which was about once an hour during the rest of the night. In two days he was practically well.

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### LA GRIPPE.

Dr. Edward T. Balch, of South Bend, in the new State of Washington, writes to us thus:

"La grippe has been in full force here. In fifty cases not a death, or, indeed, any sequelæ. It yields readily to the potentized remedy, the most frequently indicated being, in order, Naphthaline, Gelsem., Acon., Ars., and, in three cases, Lycopod."

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### FLATULENT DYSPEPSIA.

DR. JOSE NADAL, OF PALAMOS.

(TRANSLATED BY E. A. P.)

We shall treat of a loyal son of the village of Palamos, aged thirty-seven years, married, with four children, bilious-lymphatic temperament, educated, kind and amiable character. He does not know that during his childhood he had any serious illness, only the excessive abuse during his youth of purgatives, especially Brandreth's pills, which have destroyed the membrane of the intestinal tubes.

He was dedicated to the cork trade, which is the principal

fountain of riches of this district. He had been going to Estremadura for the last ten years, staying there for ten months of each year, buying cork, renting cork plantations, collecting and classifying crops, and all preliminary work which is necessary for that industry. During these periods he has had at various times attacks of pernicious fevers, having to return to the bosom of his family in a truly alarming state. I remember at one time he was attended for a quarternary bilious fever that was controlled with Sulphate of Quinine in large doses besides many other medicines.

With all these antecedents, it can be well understood how this intestinal canal and its adjoining glands had suffered. Various attacks of periodical fevers cannot be suffered with impunity that are treated by powerful heroic medicines that must of necessity imprint a mark more or less profound in their passage through the organism.

He had called in more than twenty doctors. One diagnosed his disease dyspepsia, others lithiasis urica, others disease of the pancreas, others of the spleen, and each one according to his belief.

He had no need of my service until the 30th of April last—that on the occasion of visiting one of his sons. I found him just arrived from Estremadura, and after having related to me what he suffered proposed, if it was my pleasure, to submit himself to homœopathic treatment, to which I acceded with pleasure.

His symptoms are as follow: Good exterior aspect, healthy color, normal pulse, tickling sensation in throat, producing cough without any expectoration, good appetite, no thirst, and a saburral white coating on tongue. He was not free from decubitus, as sleep could only be induced lying on the right side. In the morning he was rather better excepting the weariness that remained after having passed a bad night, which he always did. His sufferings commencing between five and six in the afternoon (six hours after dinner), consisted of an intense pain that began around the navel, extending all over the abdomen, great swelling of the same radiating finally to all the lumbar region on both sides, obliging him to bend the trunk backward. These sufferings lasted nearly two hours, but by his account the greatest suffering began at one A. M. (five hours after supper), presenting the same symptoms as in the afternoon, but much more intense; the cruel suffering lasted an hour or more, falling asleep after he was relieved by vomiting his supper. With these volumes of symptoms I believed I was treating a case of flatulent dyspepsia. I was not assured whether there were renal complications, never-

theless I was inclined to so believe, taking into account that gravel had been passed several times at Estremadura. Considering one medicament alone could not cover this volume of symptoms, I prescribed Nux-v.<sup>5</sup> an hour before dinner and an hour before supper, and Lyc.<sup>12</sup> two hours after dinner and two hours after supper. The effect was such as could be expected from these two polychrests; the vomiting ceased from the first day and the pain, if there was any, was only a faint shadow of what it was. He passed four days and four nights in this satisfactory state until one day that he spent with his family on the shore near this village. He changed his diet; then his two medicines failed to produce a good effect. The pain returned in another form, accompanied with great swelling of the epigastric region. Carbo-vegetabilis dispelled rapidly these symptoms. I was obliged to suspend it to cure an anginal catarrh that came between, but soon was conquered by Belladonna.

After the angina more of the forementioned remedies produced good effects. Something had been done, as the vomiting had not reappeared, and the lumbar pain had all disappeared, but at the same hour as at first a pain in the sigmoid flexure of the colon with inflation from flatus as in the case of a hysterical woman. The patient seemed to feel a sore in this part of the intestines, and that the pain was produced by the friction of the excrements passing this spot. It was approaching the time for his return to Estremadura; he was in despair from what he suffered, and I no less, seeing that my desires were confounded by the inefficacy of my medicines. After all, considering that as a business man he might have suffered some reverses, and that this might help the cause in producing his illness, I proposed Ignatia amara<sup>5</sup>; the effect was magical; the pain appeared at six in the afternoon; he took the medicine, and on going down-stairs it had disappeared never to return. He remained here three days more without feeling the slightest pain, after which started for Estremadura where he continues in this satisfactory condition.

From *El Consultor Homœopatico*, Barcelona, September, 1889.



## ACONITE IN ITS RELATION TO THE THROAT.

THROAT IN GENERAL.—Burning. Redness of soft palate and uvula. Scraping sensation in throat. Uvula swollen and enlarged; fauces injected, dark red. Pain, and difficulty in swallowing or in speaking. Fever, and bounding, full pulse.

LARYNX AND TRACHEA.—Laryngitis, with the inflammatory and mental symptoms peculiar to this remedy. Larynx is sensitive to touch and to inspired air, as if denuded. Complaints from overstraining the voice. (Also Alum., Arg., Arn., Arum-tr.)

Especially useful in croup, when caused by exposure to cold, dry winds. The patient awakes from first sleep; dry, short cough, but not much wheezing or sawing respiration. Loud breathing during expiration, every expiration ending in a hoarse, hacking cough. The patient is in an agony, is hot, restless, etc. (Hepar has loose, rattling, croupy cough, worse after twelve P. M. Spongia has sawing, wheezing respiration between coughs. Acetic acid has loud breathing during inspiration.) The Aconite cough is dry and clear, or hoarse and hollow. It is worse after eating or drinking at night, lying on side; better lying on back (also Euphr., Mang.) Coughs after midnight, and the more he tries to suppress it the more severe it becomes. (Like Marum-verum.) A continuous short, hacking cough, with agonized tossing about; calls for Aconite (when the patient is *quiet*, study Squilla). Child grasps at the throat with each cough. (Also Ant-tart., and Allium-c. In croup Iodium and Lachesis; in delirium, Stramonium.) The respiration is labored, anxious, short, with the usual anxiety, restlessness, etc. In pleurisy the patient lies best on the back.

GENERALITIES.—Aconite is mainly to be selected for any disease of the respiratory tract upon its general characteristics, which are very marked. It is never indicated in any patient who is quiet and serene, no matter how great the fever or the inflammation. For Aconite to relieve a fever or to stop any inflammatory process the patient must be restless, anxious, etc. The keynote of Aconite is fear, the patient is never cheerful or contented. Great fear, anxiety; and nervous excitability prevail as concomitants of all its symptoms.

E. J. L.

## WHAT IS THE SIMILLIMUM?

(Addendum to the case in the January number.)

M. R. R. WOLFF, M. D.

February 1st the patient writes: "For two or three days previous to appearance of menses I have a rushing, gurgling sound in my abdomen, sounding like water going through a syringe. When in bed, with no bands or belts touching me, it is the same, and does not seem to be gas, nor pass off any unusual amount."

Feb. 2d.—"Since writing the above have had my period of suffering. Menses, which were going on so well, stopped for four hours, causing much pain, but, coming on in a gush, relieved for a time, only to stop again for twelve hours, making me unable to sleep, and suffering very much until another big gush, when I was relieved instantly, and have suffered no more since, although still having menses a little. During the last stoppage there was for six hours a perfectly hard round-shaped ball of the neck of the womb, instead of a long shape, and immediately after the flow it resumed its natural shape, but with a soft, flabby feeling. There is no coming and going of the pains, but a steady, crowding, bursting feeling which extends all through the back and sides, and low down in the pelvis. Every time I have my menses, about four or five days previous, I have one or more pimples come on my chin, which fester a little and look very ugly to me. I have had fever, or flashes of fever, sometimes during half the day or night for several days, but no chilly sensations. I feel it in hands and feet and eyes."

Father and father's family, "salt rheum" people; the father in high degree. How treated I cannot say, but allopathically. (So, too, the suffering lady in childhood.) Mother's family, phthisical people, all dying early. It is Homœopathy which, so far, has saved the old lady.

Prescription.—One powder Psorin.<sup>150</sup> (the highest I have), take at once, dry. The day next menses are expected take, in advance, with eight hours interval, one powder Mag-phos.<sup>200</sup> (the highest I have), three times. Should menses come on before these powders are taken, do not take more before pains are felt. Then one powder, and do not repeat except in case of relapse. (See proving of Mag-phos. in *Advance*, and compare pathogenesis of Mag-mur.)

Once more. What is the simillimum?

## CLINICAL CASES.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

**IRRITABLE ULCER OF THE ANUS.**—Mr. C., dry goods clerk, has been suffering for some time with painful ulcer of the anus. He had had the diagnosis and treatment of two old school doctors. They cauterized the ulcer. Its location must have been close to the verge of the anus, as he suffered great pain during and after movement of bowels. Two months before he had contracted gonorrhœa, which was cured, in the usual way, by injections.

**Subjective Symptoms.**—He said of his own accord that the stools were as hot as boiled lead passing through the rectum. Pain after stool lasting for many hours, so that he was in great pain from contraction of the anus. Pain worse from motion, even moving his feet; and yet he got so very restless that he must move. It always made him worse, and he got no relief from it whatever.

I gave him a guarded prognosis, told him he would get discouraged a good many times before he was cured. I thought that his symptoms called for Thuja, and I gave him one dose of 1 M on the tongue. Sac-lac. to last three days. On the third day he called again very much improved. He said he commenced to feel a relief at about seven P. M.—the dose was given at one P. M. He was to report as soon as Sac-lac. had given out. That one dose cured him.

**DIARRHŒA.**—(1) Mrs. E——, sick three or four days from eating green corn. Diarrhœa worse in the morning as soon as she gets up to move around. Gurgling in the centre of the abdomen before the bowels move. Can scarcely retain the stool. Aloes<sup>50m</sup>, one dose. In a few days came back with urine symptoms. One dose Aloes (H. S.)<sup>cm</sup>. Cured for good.

(2) A man, æt. sixty, has had diarrhœa for some time, the trouble is about the same during the day or night.

**Subjective Symptoms.**—Burning on the vertex. Feet get hot at night, must put them out of bed, cannot sleep with any cover over them they get so hot. Must sleep with the windows and doors open; hungry, all-gone feeling in the stomach about eleven A. M.; weak, faint spells. More in the forenoon.

Before stool terrible griping in the hypogastric region.



Rumbling and gurgling in the left hypochondrium (Aloes, Lycopod., Sanicula).

He has to be very careful about letting flatus pass, as sometimes the stool escapes (Aloes). Vertigo, zigzag, glimmering up and down. This comes on after a feeling in the stomach as though small fry were swimming. A trembling sensation goes up to the head, and the vertigo comes on. It is worse from motion, better when quiet. As the feeling in the stomach subsides the glimmering commences to rise, and ascends higher and higher till it vanishes. R Sulph.<sup>55m</sup> (Fincke), one dose; Sac-lac. every half-hour.

Second day, reports slept well all night; had only one stool to-day; this evening pain all gone; the rumbling and gurgling all gone; feels much better every way, but the glimmering. That has troubled him some this evening; has hot flashes over each cheek; a sensation as though he had a fever; it does not last long. R Sac-lac. every two hours.

I came very near making a mistake. The gurgling made me think of Aloes, especially the insecurity when passing flatus; also Lye., but I could not get the four-o'clock aggravation; also Sanicula, but the *cold neck* and sweat were absent, so I decided to give Sulph., which cured.

(3) Mrs. McC., æt. twenty-two years, has had diarrhœa for four months. One month ago I attended her in confinement. I made but one visit, and she was weak from having the diarrhœa so long. I gave no medicine at the time of labor, but one month later I was called to see her. She was pale, emaciated very much, could only walk a little around the room. Pulse 120; temperature 100°. The *only* symptom I could obtain was fullness after meals. Gurgling in the left hypochondrium before stools. Exacerbation from four to eight P. M. Lycopodium<sup>3m</sup> one dose. I called second day. The bowels had moved only once that day. Temperature 100°; pulse 120; third day, temperature 98 2-5°; pulse 80. Discharged case. She is now taking on flesh. I had no idea of curing such a severe case. I gave the father a guarded prognosis.

CHOLERA MORBUS.—I was called to see Captain E. He said he had been taken with vomiting and purging that morning about six A. M. Severe *aching in the bones*, and so numb he thought he would be paralyzed. His features were pinched, his voice hoarse and weak. *Hands were numb*. Tongue coated brownish, fetid breath. Temperature 97°. Baptisia<sup>cm</sup> (Fincke), one dose. Sac-lac. every ten minutes till better. That one dose brought prompt relief and the sick man to health again.

Little boy, aged seven years, was taken at nine P. M. with vomiting and purging. Had eaten nothing all day. Was very thirsty for water. Wanted to drink large quantities at a time, but as soon as it was down he would vomit it up again. Nothing stayed on his stomach. Very restless; burning pain in the stomach, great prostration after vomiting or purging. Gave one dose Arsenicum CM. No more vomiting. His father thinks there must be "something in" my sugar pills.

HEMORRHAGE FROM BOWELS.—Mr. C. L. W., lymphatic temperament, weight two hundred and twenty-five pounds, had just come home from New York. He was taken sick with profuse discharge from the bowels. His wife gave him Acon. first day. Second day she gave him Merc-viv. I found the following symptoms: Pulse 80, strong and full; temperature 99.2°. He passed about half teacupful of blood every twenty minutes. Before the bowels would move he would feel a gurgling in the left side just under the short ribs, then it passed down the descending colon to the rectum, then tenesmus and urging, and his bowels would move (Lycopod.). Bowels very sore across the hypogastric region to touch. Straining during stool. "Feels chilly." *Face dark, flushed, looking as if he had been drinking.* Eyes have a languid look, could with difficulty keep the lids up (Causticum). "*Feels sleepy, could sleep all the time.* Bowels move whenever he moves around (Aloes, Bry.); felt better when quiet, lying down. Baptisia CM (Fincké), one dose, cured; was able to be at the store in twenty-four hours.

CONSTIPATION DURING PREGNANCY.—Mrs. A., eighteen years old, light hair and blue eyes, primipara. Has had constipation ever since she became enciente. I had given her several remedies with no relief whatever.

The fore part or the first of the stools is hard; the after or last part loose or diarrhœic. Itching, burning, and redness of the hands and feet. She says she can tell when she is going to be constipated, as her hands and feet itch and burn so, worse at night. She can scarcely sleep. Agaricus-mus. CM, one dose, made her better for two weeks. One dose more cured.

## AN UNUSUAL SYMPTOM.

EDWARD T. BALCH, M. D., SOUTH BEND, WASHINGTON.

"Doctor, can't you relieve my daughter from this sweating? She is obliged to keep her face covered to prevent sweating. I have to wipe her face continually if uncovered, and to cover it up she smothers so. Her hands and feet sweat just the same if the clothes get off. It smells so disagreeable, just like fish-pickle. Can't you do something to stop it?" Such was the urgent request made by the mother of N. W., æt. nineteen, blonde, primipara, who had just passed through a tedious and severe accouchement, and who, notwithstanding my best efforts and most careful nursing, had thus far failed to rally from her prostration; her recuperative powers seemed to lie dormant. Secretory functions subnormal. Wasting in excess of repair. Peevish, obstinate, "didn't want to be well any more, didn't care." There seemed to be an entire lack of vitality, or power to arouse "and make an effort" in her own behalf. Indeed, the case, like Mrs. Dombey, was fast assuming a serious aspect. Friends were getting anxious for a change of result or treatment, even the *sage femme* thought that more and stronger medicine, just like Dr. — gave, was necessary. I had burned the midnight oil, determined, if possible, to find a remedy that would benefit and save the case, and rescue my fast-waning reputation from the stigma of not giving stronger medicine; had carefully and diligently watched for some ray of light, some guiding symptom that would assist me to select the simillimum, but as yet in vain, when lo! the mother detects for me a symptom that in my blind zeal I had overlooked. A symptom that had never occurred before to me in my professional life. *Sweat on uncovered parts*. I knew enough not to spoil a case by giving an unsuitable remedy, so prescribed Sac-lac. in full doses, and quieted the mother's alarm by intimating that the sweat, although an unpleasant symptom, was not necessarily a serious one and that I had left "something to stop it." at once hurried home and began a diligent search. Allen, Hoyne, Winterburn, and Hering gave no light. When, eureka! in Lippe, sweat on uncovered parts, Thuja. Water to the wounded soldier was not more welcome than was this light to me. Hastened back to my patient, and at once gave Thuja<sup>30</sup>, a dose dry on tongue, continued Sac-lac. as before. This was at three P. M.; at nine P. M. she could sleep without covering face, next day be-



came more cheerful, and passed to a rapid convalescence—she is now in vigorous health.

Was sycosis latent in the case, and did it prevent recovery? Would any other remedy have accomplished the same result?

## PROVING OF SACCHARUM LACTIS.

B. FINCKE, M. D., BROOKLYN, N. Y.

(NOTE.—The following provings have been sent me by Dr. Fincke. He says: "I give you my own literal translation." Dr. Swan's collection of symptoms produced by *Sac-lact.*, published in 1888, will, therefore, have to be somewhat modified and enlarged, according to his original record.—E. W. BERRIDGE.)

(1.) Mrs. T., sixty-odd years, in 1850 or so took of the finest milk-sugar from Wippermann's chemical factory, in Frankfort, triturated three times, according to Hahnemann, and potentiated with distilled water, from the third centesimal trituration to the thirtieth centesimal potency, two drops on her tongue, and observed immediately: Fine drizzling down the back. Burning in the malar bones, going toward the temples and jaw-bones.

Severe itching of a liver spot on the right hand. A taste of fresh nuts and a desire for dainties, excited by *Spongia tosta*<sup>30</sup>, disappeared after *Saccharum lactis*<sup>31</sup>, one drop. (See a new proving of *Spongia tosta* in *Amer. Hom. Review*, April, 1859, p. 319.)

(2.) B. F., 1864. April 6th took three drops of *Sach-lact.*<sup>1400</sup>, raised by fluxion from the above 30th, on sugar, and observed strong desire to urinate, with copious discharge.

(3.) Mrs. S., a middle-aged woman; 1864, April 20th, 4.45 P. M., took *Sacchar.-lactis*<sup>53m</sup>, raised by fluxion from the above 30th centesimally, three drops upon a lump of sugar.

8 P. M.—Burning like fire, with sensation of thickness in a strip two fingers wide, from the right frontal eminence to the right side of the vertex for fifteen minutes.

8.15 P. M.—Sudden anxiety, with trembling of the whole body, as of a fright.

Sensation in the region of the heart, as of fire, with a feeling as if it would burst, or also as if something very heavy were lying on the heart, all of which spreads from it to the whole interior and exterior chest.

Longing and depression like homesickness, with heavy breathing; could not sleep before midnight.

It was as if she were young once more, and longed for something which she feared she could not get.

Feeling of mortification and neglect, as if long-forgotten grief were wakened up again.

The heart aches as if it would burst, but she cannot weep.

April 21st.—Dreams not remembered.

The headache from the right frontal eminence to the right side of the vertex, with sensation of a strip of two fingers wide; repeated, and lasting till noon.

Burning and pressure at the heart, with anxiety and apprehension similar to yesterday.

Wretched appearance, and sad expression of the face; the eyes look as if she had wept, though she had not.

Pressure in the stomach, as if she had eaten something indigestible, then heart-burn, with sweetish taste, coming from the stomach, but without water-brash.

Sensation of weakness in the whole body, as after great anxiety and fright.

10 A. M.—Burning in the whole mouth, with a smoothness as after drinking strong liquor.

Fine, spicy taste, as of a certain root.

April 22d.—Sleeplessness after midnight.

The sad mood gradually lessens.

The burning in the chest came on and more coryza.

In the forenoon, a similar condition as yesterday, with the appearance of sadness, but weaker, then burning and painfulness of the left mamma and nipple. (This breast had been sore at a time when she suffered from melancholia for nine months.)

Sensation like ulceration over the right short ribs, anteriorly worse on touching and stooping, and slight swelling between the ribs and skin, not in the liver.

Many dreams of dead people, of small children who are born and die, of brothers who died, but are actually alive yet.

April 23d.—Sensation of ulceration, with slight swelling, worse on touching and stooping, over the short ribs anteriorly, lasting all day till toward evening.

Sleep sound. Feeling well.

April 24th.—4 P. M., painfulness of the right ear-shell, with burning like an ulcer, also on touching.

Stitch over the left eye, backward, continuing over the left eyebrow, that she cannot move the eye, with excruciating pain.

April 25th.—Feeling well.

April 26th.—Good appearance. Feeling well. The habitual sighing has ceased. The vision has improved.

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## IN MEMORIAM—L. S. REYNOLDS, M. D.

Again we have to record the death of an earnest and faithful brother in medicine, a true homœopathic student and homœopathic practitioner, Dr. L. S. Reynolds.

Among the earliest students of Homœopathy he followed in the footsteps of his very dear friend, Dr. Noah Harmer, of Buffalo, the pioneer of Homœopathy in Western Pennsylvania, and was also closely united in esteem and friendship with Dr. P. P. Wells, of New York, and with them his faith in the true old practice of Hahnemannian theory and principles was loyal and intense. The youngest man of the three, his remarkable intelligence and information on all scientific subjects, particularly medicine, caused him to be especially appreciated by men of superior intellect.

He was born in New York seventy-six years ago. The early years of his manhood were spent in Buffalo, N. Y.

For thirty years past his home has been in Brooklyn, N. Y. Since his advance in years he has confined his practice mostly to suffering patients he attended gratuitously, as his greatest pleasure in life was to relieve suffering; permitted so to do through instinctive and wonderful knowledge of materia medica. Those who have lost him best know his worth, and Homœopathy in its pure perfectness has truly lost a faithful believer and disciple.

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## INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

### BUREAU OF SURGERY, 1890.

The following gentlemen and ladies compose the Surgical Bureau of the I. H. A. for 1890:

Jas. B. Bell, M. D., 178 Commonwealth Ave., Boston, Mass.

Prof. E. Carleton, M. D., 53 West 45th St., New York.

Thos. M. Dillingham, M. D., 46 West 36th St., New York.

A. McNeil, M. D., 220 Turk St., San Francisco, Cal.

Miss E. J. Myers, M. D., 302 West 12th St., New York.

In addition to the above, very interesting articles are expected



from Miss R. Dunlevy, House Physician of the Hospital for Women, 213 West 64th St., New York.

Up to this date the title of but one paper to be presented has been received, viz.: "Ulcers," by A. McNeil, of San Francisco, Cal. As it is frequently the case that the writing of articles for any bureau is necessarily postponed until a late date, I would very respectfully ask the several members of the Bureau of Surgery for 1890 to forward the titles of their respective theses to Samuel A. Kimball, M. D., 124 Commonwealth Ave., Boston, Mass., *on or before* June 1st, 1890. Also, if any member of this bureau be prevented from being present at the next meeting, to send his or her article to Dr. Kimball or myself, in time for presenting.

I wish to thank the gentlemen and Miss E. J. Myers, who compose the Bureau of Surgery, I. H. A., for 1890, for their courtesy and promptness in offering to constitute said bureau. Also, to Miss Dunlevy for her kind offer to furnish an article for our bureau. Knowing the ability of the several persons aforesaid, who constitute this bureau, I have no hesitation in stating that the Bureau of Surgery, I. H. A., 1890, will not be outdone by any of its predecessors.

Some of the members of this bureau think it very desirable to gather for a report at the next June meeting—which will convene at Newport, R. I.—reliable clinical experience in the treatment of venereal diseases, notably syphilis, including the use of the higher potencies. Therefore, a general invitation is herewith extended to all practitioners and students of pure Homœopathy to furnish anything that will "fill the bill" of our requirements for the June meeting.

Respectfully submitted,

MEXICO, NEW YORK,

Feb. 21st, 1890.

T. DWIGHT STOWE, *Chairman*.

Bureau of Surgery.

## QUERY FOR THE READERS OF THE HOMŒOPATHIC PHYSICIAN.

In case a person is under homœopathic treatment for chronic maladies and he takes an acute form of disease—such as "la grippe"—can he give a lower potency for the recent affection, say 2C, and how far may such treatment be proceeded with? Will the 2C allow the higher one to go on at the same time?

JOHN HALL, SR., M. D.

VICTORIA, BRITISH COLUMBIA.

## BOOK NOTICES.

### EL CONSULTOR HOMŒOPATICO.

With the month of December, 1889, comes the last issue of *El Consultor Homœopatico*, of Barcelona. We mourn its decease, but as of old, at king's funerals. The Consultor is dead. Viva! *La Revista Homœopatica*, the journal wherein it will live anew!

THE ANNALS OF SURGERY. Edited by L. S. Pilcher, A. M., M. D., and C. B. Keetley, F. R. C. S. J. H. Chambers & Co., 914 Locust St., St. Louis.

The February number of this excellent periodical is before us. Among its interesting contents is a case of traumatic cerebral abscess relieved by a capital operation; a hemorrhagic cyst in the brain relieved similarly. A remarkable case of cirroid aneurism of the scalp obliterated by multiple ligatures; a rare case of dislocation of the patella beneath the inter-condyloid groove of the femur; the use of cocaine in surgery; a case of cortical epilepsy following penetrating wound of the skull, relieved by trephining, one year after injury; resection of the third branch of the trifacial nerve, and many others. It is a good journal to take with THE HOMŒOPATHIC PHYSICIAN, as it gives the surgical information that has to be excluded from our pages by reason of our devotion to the department of *materia medica*.

HARPER'S MAGAZINE, for February, contains a remarkable article from the pen of Mark Twain, entitled, "A Majestic Literary Fossil."

In this article the incomparable Mark rakes over the literature of the old school of medicine of a hundred years ago and more, and in his facetious way presents its absurdities in their most ludicrous light. For instance, he quotes from an old book of medicine that "the ashes of an ass' hoof mixed with woman's milk is good for chilblains." "The constant use of milk is bad for the teeth, causes them to rot, and loosens the gums."

Paracelsus saw a plaster that had such drawing quality that it could draw a man's lungs up into his mouth, causing him to be suffocated. It could draw enough water to fill a cistern, and was strong enough to tear branches from trees and to draw a cow up into the air. This must have been a fly-blister.

He quotes a wonderful elixir composed of "a great peck of garden snails," earth worms, rosemary, tumeric, bark of barberry trees, goose dung, strong ale, and other efficacious remedies, suitably mixed together. Then having ventilated these follies in that inimitable manner which has made this author so famous, he closes with the following paragraph which we quote entire:

"When you reflect that your own father had to take such medicines as the above and that you would be taking them to-day yourself but for the introduction of Homœopathy, which forced the old-school doctor to stir around and learn something of a rational nature about his business, you may honestly feel grateful that Homœopathy survived the attempts of the allopathists to destroy it, even though you may never employ any physician but an allopathist while you live."

W. M. J.

THE NATIONAL MAGAZINE for January announces two new and valuable departments—"Biblical Literature," and "Pedagogy"—with Rev. J. C. Quinn, Ph. D., and J. S. Mills, A. M., President of Western College, as editors.

Agricultural readers will be especially interested in the new "Institute of Agriculture," described in this number—a part of the University Extension System of the National University of Chicago, whose non-resident or correspondence undergraduate and post-graduate courses have met with such favor. Other articles are by Professor E. A. Birge, of the University of Wisconsin, and eminent specialists. Published at 147 Throop Street, Chicago, Ill. Subscription, \$1.00 per year. Sample copy, 10 cents. Three cash prizes of fifty dollars each for the best essays on "Our Common Schools," "Study of the Bible," "How to Keep Young Men on the Farm," are announced.

REVUE HOMŒOPATHIQUE FRANÇAISE. Paris, 11 Rue D'Aumale, Tome I, No. 1.

This is the first number of a new journal devoted to Homœopathy. It will be published and controlled by "La Société Française d'Homœopathie," a new society formed by a fusion of "La Société Homœopathique de France" and "La Société Hahnemannienne Fédérative," and is the outgrowth of the Homeopathic Congress that assembled at Paris, in August, 1889.

The new journal will have forty-eight pages, and be issued *ten* times a year, on the last day of the month.

While containing everything usually to be found in a homœopathic journal, it will be especially devoted to full reports of the meetings of the new society by which it was founded.

W. M. J.

DISEASE AND SICKNESS, by Samuel Swan, M. D. New York. Reprinted from *The Medical Current*, October, November, and December, 1889.

This pamphlet of six pages is devoted to two objects—one to prove the well-known maxim of the author that "morbific matter will cure the disease which produced it, if given in the highest potency and to any other person than the one from whom it was obtained."

The other object is the advocating of a *mixture* of remedies for any sick condition which exhibits symptoms which cannot be covered by a single remedy. He proposes to take the twelve tissue remedies and potentize them together to the five millionth potency. This combination then is to be administered, like a single drug.

He argues in favor of it by pointing to Edison's success in causing a dozen separate electrical currents to pass along the same wire without interference with each other.

THE MEMPHIS JOURNAL OF THE MEDICAL SCIENCES, for February, 1890, is before us.

The leading article, "Homœopathy, a Persistent Medical Superstition," by R. G. Eccles, M. D., is exceedingly interesting, and arrests attention at once. It compares Homœopathy to the superstitions of the ancients and of savages.

It recalls the doctrine of signatures, and declares that the law of the similars and the law of the contraries were both ancient superstitions, and that



"in 1796 a German physician, named Hahnemann, began a crusade for the restoration of the old doctrine with all its exclusiveness."

The author declares that "there never has been any organized body of physicians calling themselves allopaths, nor would such a title be true except in rare instances." Further, he says, that most of the physicians of our school are ashamed of Hahnemann's "attempt to prove that all chronic maladies are but masked manifestations of the itch. Idiocy, gout, cancer, insanity, hysteria, and debility, he taught, were all due to patients catching the itch." Before the *acarus scabiei* was discovered they were just as certain he was right in that as they now are of his main doctrine.

Next follows an argument upon the potency question.

The author has been looking over some catalogue of remedies, for he says: "To think that men claiming the degree of doctor of medicine can so far get rid of their senses as to believe that a beam of sunlight diluted with sugar of milk thousands of times can be of any earthly use in sickness passes comprehension. To see them administer the ten-millionth part of a moonbeam, or of a red, yellow, green, or blue light so diluted is to make us pity frail humanity."

Then follows a list of the most abominable things that can be conceived of, that are being used in medicine, and declares that they far exceed the efforts of Shakespeare's imagination in his description of the hell-broth of Macbeth's witches.

We suggest to any of our readers who have the leisure that they would have an instructive and highly entertaining subject for thought if they would read in full this clever article, and then turn to the February No. of *Harper's Magazine*, and read Mark Twain's article entitled "A Majestic Literary Fossil."

We can hardly predict *what* would be the effect upon the mind of the average medical man of our school by reading these two articles.

Upon the laymen the effect, we should think, would be to deepen the distrust and contempt with which all medical men are regarded by a large number of people. Well, that is because they don't understand the facts in the case.

There is an inner history to the very truthful statements of the article now in review which the author evidently does not know of. We find ourselves too limited in space and time to make any rejoinder. We can only say that if the writer will take some moderate potency of some well-known drug like Aconite, Belladonna, or Nux vomica, and try it according to the law of the similars he will be surprised at the results.

W. M. J.

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## NOTES AND NOTICES.

**THE PSYCHOLOGY OF EPIDEMICS.**—Every epidemic carries in its train curious exaggerations of many well-recognized characteristics, and these frequently call for appreciation and for treatment almost as much as the disease in which they originate. Perhaps one of the most striking of these mental perversities is to be found in the idea that the epidemic is to be treated by "common sense," or by *nostra* which have been largely advertised, or by specifics which are known to the laity mainly through their frequent mention in the daily press. Those suffering under this delusion feel that it is wholly unnecessary to seek skilled assistance, and they boldly dose themselves with remedies of whose power and properties they are absolutely ignorant. In Vienna it has already been found necessary to forbid the sale of antipyrine, except under doctors' prescriptions, as no less than seventeen deaths were attributed to stoppage of the heart's action owing to overdoses. The freedom with which the prescription of this remedy has been assumed by the public

has long since been viewed with anxiety by the medical profession, and frequent warnings have already fallen upon deaf ears; and yet it is to be feared that if the epidemic of influenza should spread, many more examples of recklessness will have to be recorded. Mr. Labouchere, claiming to act "by the light of common sense," upon having "a cough, a headache and an all-overish ache," "accompanied by sneezing," diagnosed the prevailing epidemic, and at once administered to himself "thirty grains of quinine," and to meet the cough he took "unlimited squill pills." He writes that the one "settled the fever" and the other "settled the cough," and that in four days he was quite well. Upon this last fact he is certainly to be congratulated, though we trust that others may not be impelled, "by the light of common sense," to follow him in such heroic measures or to emulate his example by trying the effect of antipyrine in similar unlimited doses. It is serious enough to cope with an epidemic and its sequelæ without having matters complicated by ignorant and reckless experimental therapeutics.—*London Lancet*.

DR. W. B. CLARKE, Secretary of the Indiana Institute of Homœopathy, was married to Miss Alice P. Winings on Tuesday evening, February 4th, at the home of the bride, 188 Blackford Street, Indianapolis, by the Rev. F. A. Guthrie. The house was filled with enthusiastic friends who came to wish good luck to the happy couple.

A SNAPPING-TURTLE BABY.—A child resembling in many respects both a catfish and a snapping-turtle was born of colored parents in the upper part of Trenton, New Jersey, on Friday night, January 31st. The weight of the child is about seven pounds and the head and trunk of the body are perfectly natural in form, but there are neither arms nor legs. It has an abundance of black, curly hair, which completely covers the forehead, from the eyebrows. The bridge of the nose begins between the eyes and is about a half-inch in length. At its point there are two holes, one on either side, and a partly-formed mouth. Beneath this partly-formed mouth is another small projection similar to that of the end of the nose, and beneath it, where the mouth should be, is a wide gash, but no upper lip.

The chin is perfect and there are two perfectly formed ears, but they are entirely closed. On either side of the body, in the vicinity of the shoulders, is a projection similar in shape to the claw of a snapping-turtle or the fin of a catfish, and on either side of the lower portion of the trunk, just below the hips, are similar fin-like projections. The parents of the child are educated colored people, and the attending physician, Dr. A. H. Dey, is unable to account for the monstrosity. The child was dead when born and the body will be presented to the medical college of the University of Pennsylvania.

M. PASTEUR.—Says a Paris correspondent: "Paralysis, if I am not much mistaken, is stealing a quick march on M. Pasteur. He had one attack some years ago which left him with a dead leg. The eyelids are now all but inert, and I noticed that the timbre of his voice had altered for the worse, and that the speech was thick and embarrassed. There were wild twitches in his face, but his mind was as clear as ever."

TREATMENT OF STAMMERING.—"It is said that stammerers rarely if ever show any impediment to speech when speaking in whispers. On this fact a new method of treatment has been advocated by Dr. Coen, which is as follows: In the first ten days speaking is prohibited. This will allow rest to the voice, and constitutes the preliminary state of treatment. During the next ten days speaking is permissible in the whispering voice, and in the course of the next fifteen days the ordinary conversational tone may be gradually employed."—*Druggists' Circular and Chemical Gazette*.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. X.

APRIL, 1890.

No. 4.

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## EDITORIALS.

THE INTERNATIONAL CONGRESS.—We give this month an extended summary of the proceedings of the Homœopathic Congress held at Paris last August. These discussions were so interesting that, notwithstanding their obvious departures from the standard of the strict Homœopathy of Hahnemann, we believe they will be acceptable to our readers, all of whom are too well grounded in the knowledge of the genuine principle to be misled into practicing the errors several of these gentlemen teach. The discussions were carried on in French, but, as we were unable to get a sufficiently detailed report in that language in time, we had recourse to a translation that had been made from French into Spanish and published in a medical journal called *El Consultor* at Barcelona. These we have had again translated into English for our own readers.

This report is instructive as exhibiting vividly the fantastic heresies that have grown like parasites upon Homœopathy. It shows how difficult it is for a comprehension of the plain principles of Hahnemann's system to penetrate the minds of most men. It gives us some idea of who among Europe's distinguished physicians are and who are not strict followers of the inductive method of Hahnemann. Here and there through the discussions we may discover true Hahnemannian sentiments, and toward the end a sharp rebuke is administered to one of the worst of these heresies, which is greatly to the credit of the Congress.



Therefore, while we are unable to indorse any of the departures from the true standard that were defended in the meetings, and disappointed that there was not a unanimous sentiment at the last for the cause of Hahnemannian Homœopathy, we nevertheless think that from a perusal of the report some important precepts may be gathered, many instructive lessons may be learned.

On the whole, the proceedings are a striking pen-picture of the progress of medicine in the new school.

We shall be glad to receive comments for publication from any of our subscribers upon any question raised in these notes of the discussions.

W. M. J.

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THE VALUE OF TRIVIAL SYMPTOMS is so great that every Hahnemannian can attest that brilliant cures have resulted in difficult cases from paying attention to, and finding a remedy in whose pathogenesis such symptoms are alone found. It is only the true disciple of Hahnemann who is able to estimate these symptoms at their real worth. But there is frequently a difficulty in eliciting such symptoms. The patient, thinking them unimportant, fails to mention them, and the physician, hesitating about leading questions, will fail to know of their presence. A perplexing case will offer; all the elements of the case are listened to and noted. The totality of the symptoms and of each individual symptom are related, and yet the trouble will be to find the remedy most similar to the case. Then, as if thinking it of no worth, the patient, sometimes in doubt about the necessity of mentioning such a trifle—as it appears to him—will give a clue to the only fit remedy for his entire affection by stating that some slight symptom is present.

The true physician will then know if it be of worth, and, finding it so his labor will be rewarded when the remedy to which this symptom belongs is found.

Not only this. He will find under that same remedy all the symptoms peculiar to the case.

By noting just these apparently trifling symptoms Hahnemann proved himself a genius. And any one can put this proof to the test by imitating his example.

And yet for this important work Hahnemann received only ridicule, and because of the abuse, and hatred, and ignominy which was showered upon him he left his native land, to find a home and friends in a foreign country.

That he was far ahead of his contemporaries, his keen observa-

tion of facts which physiology since then has proved to be correct will bear witness.

We need no stronger proof of this than some of the observations he made, while proving remedies, on the value of the various symptoms generated by them.

Here we may see an acuity of vision, and a profundity of thought far beyond that of any of his day. Indeed, even with the physiological knowledge of the present day, only his followers are qualified to accept at their real merit physiological facts.

We can find no better illustration of this keen vision and deep thought than by turning to the provings of Arsenicum, Ignatia, and Phosphorus.

Merely mentioning mental symptoms, of the supreme value of which every homœopathician knows, let us turn to the symptoms of hearing.

Under Arsenicum we find : Hardness of hearing, cannot hear the human voice ; but other sounds can be heard.

Under Ignatia : Hard hearing except for speech.

Under Phosphorus : Hardness of hearing, especially for the human voice.

It is such symptoms as these that have been laughed at, even by some who call themselves homœopathists. They say, "if they do exist, which we doubt, they can be of no importance." But we know they are of value, and their significance can be shown by turning to any modern work on physiology. And we may there see how the genius of Hahnemann is confirmed by the best physiologists of this day.

Within a very recent period more has been known of the function of hearing through the work of an ingenious Italian, Corti, and by the labors of Helmholtz. Corti discovered and described that part of the hearing apparatus known as the organ of Corti, and Helmholtz, by his toil, has shown the functions of this organ, and what an essential share it has in the sense of elaborating the pitch of various sounds.

This organ lies in the centre of the floor of *canalis cochlearis*, which is formed by the *membrana basilaris*, and it receives the terminal filaments of the *nervus cochlearis*. In the centre of the organ of Corti are the rods of Corti, which are firm elongated bodies whose bases rest upon the *membrana basilaris*.

The radiating fibres composing the *membrana basilaris* are compared to the strings of a harp or piano, and Helmholtz advances the theory that each fibre is attuned to vibrate in unison with a note of a definite pitch. It communicates its vibrations to

the corresponding cells in the organ of Corti. It is said that the function of the rods of Corti is probably to take up the vibrations from the labyrinthine fluid and the fibres of the membrana basilaris, and transfer them as a nerve irritation to the terminal filaments of the auditory nerve. Varying in length and span, their number is sufficient to allow four hundred or more rods to each octave within the musical scale. (See article Hearing, *Reference Hand-book of the Medical Sciences*.)

Of the construction and function of these organs nothing was known in Hahnemann's day; but that sagacious observer was able to detect even the slightest alteration in such a complex function.

We might continue this subject indefinitely, and treat of all the known functions to witness the acumen of the man we follow, but we think we have shown enough to bear out the assertion we made at p. 56, February number, that physiological facts go to confirm all of Hahnemann's observations. G. H. C.

## WHAT CONSTITUTES A HOMŒOPATHIC PHYSICIAN?

P. P. WELLS, M. D., BROOKLYN, N. Y.

Commissioner—*What, in your judgment, constitutes a homœopathic physician?*

Physician (a witness under examination)—*Belonging to our Society.*

It would seem that this testimony of the doctor has received a good deal of attention from many doctors, if we may judge from the comments made upon it. It is not at all surprising that it has satisfied so few. Belonging to a church does not constitute man or woman a Christian, but instead, certain qualities of head, heart, and character. It ought to surprise no one, this answer of the witness.

All are bound to accept it as the best he knew. That he knew no better should surprise no one, if we are to believe the statement of another doctor of Gotham, to the effect that after Dr. Bayard's death there was not one such physician in that city. It is not surprising if so great rarity of the fact should have begotten so great ignorance of it as to have left the poor witness with no better answer. Did not know the fact when it was seen, seems to have been what was the matter. Then how should he know what "*constituted*" the fact of which he was so



evidently ignorant? If it be replied, he was before this commissioner as a witness who knew much, we can only reply, true; but this only shows more definitely the extent of his ignorance. Did not even know that he did *not* know! Then sarcasm of comment should give place to compassion.

We have said there has been much comment on this answer to the commissioner, but of those who have expressed dissatisfaction with *this* answer, not one of them has given a different one. No one has told what, in his opinion, does "*constitute*" a doctor a *homœopathic* physician. Why have they not given this? Is it because the professional strabismus which made this the best possible this witness could give has become so common that writers have, practically, only *one* eye, and that so exclusively fixed on "our Society," that they have no vision of the law of cure, or the system of therapeutics founded thereon? Is it true that this strabismus disqualifies for looking at more than one object at a time, or does it inflict on its victim total blindness as to whatever of homœopathic truth? It may be that it is sometimes the one, and sometimes the other. The probability of this is suggested by the so great absence of all relating to *homœopathic* law, philosophy, or practice, from the recorded doings of Institute, Societies, and periodicals. Indeed, judging from these, it would seem very much as if law and philosophy had become mostly obsolete ideas with self-styled homœopaths, and only "our Society" remains for our care and confidence.\*

As a matter of fact, has therapeutic law ceased to exist? Has this really given place to the ever shifting, and sometimes vaunted rule of "what *I think* will do my patient good"? The second, third, and fourth men may each *think* different; then what? And in what is this shifting rule, which is really no guide, and never can be, better than the infallible, God-given law which tells what the patient should have, and never makes mistakes?

*The question*—If there be such a law, and if it is named *Homœopathy*, then it must be composed of elements which may be understood. Having its origin not only in the Maker of the law, but also in the Maker of the *mind of man*, it must be comprehensible by the powers of that mind. It must be composed

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\* To so great extent has this come to pass that at a late session, when one of its constituent members was listening to a discussion in the A. I. H., by members present, his amazement overcame his discretion so far that he cried out: "I thought I was in a *homœopathic* Institute!" He was not, and his disgust and disappointment were great.

of principles which together constitute the philosophy of that law. The "science of therapeutics" must be founded on those principles.

Then a *homœopathic* physician must be one who knows that law, is intelligent of its principles of philosophy, and the system of therapeutics founded on them. He must be one who believes this law, accepts its philosophy, and practices the system of therapeutics founded on it. And if he be a man of *good* conscience, a man of loyalty to law, he will at no time, and never practice aught else till he has found something more reliable and more valuable than God's law. *Such* a man is a "*homœopathic physician*," and *no other* man is. The man who adopts the rule of doing for the relief of the sick by means outside the law, of whatever character, exalts his petty thoughts above divine authority. He ceases by so doing, then and there, *quo ad hoc*, to be a homœopathic physician, whatever be the Society to which he belongs. He thinks himself superior to the authority of the Almighty, would seem to be the true diagnosis of his status.

### CLINICAL REPORTS IN THEIR RELATION TO HOMŒOPATHY.

CLARENCE WILLARD BUTLER, M. D., MONTCLAIR, N. J.

The consideration of clinical reports in their relation to Homœopathy, since Homœopathy is the "science of therapeutics," admits of such consideration only in respect of their relation to therapeutics, and its correlative, *materia medica*.

The homœopathic *materia medica* is woefully imperfect. No argument is needed to prove this assertion true. Our medical journals teem with pleas for a reconstructed *materia medica*, and our medical societies are diverted from other work to the consideration of tedious and chimerical plans for its reconstruction.

The American Institute of Homœopathy is but just delivered of the first offspring of this necessity, and, much as I dislike to cast any reflection upon her integrity, the size of the progeny proves the labor premature, while its complexion makes gravely doubtful its legitimacy.

The ideal is seldom attainable. While the ideal *materia medica* should contain such complete provings of every drug as will present to the student all its producible effects, from the most palpable anatomical lesion to the most trivial functional irregularity, so long as man remains unpatriotic enough to decline

to kill himself slowly for the benefit of succeeding generations, our knowledge of drug action will still be, as it has heretofore been, derived from three sources, viz.: poisonings (involuntary provings), provings (voluntary poisonings), and clinical experience.

With our present lack of wisdom as to the best methods of making them available to our urgent need, all these are incomplete and unsatisfactory. The toxicological dose, acting with undue violence and rapidity, does not picture completely the functional changes which experience has taught us are the most reliable guides in prescribing; provings cannot with due regard for the health, or even the life of the prover be carried to the ultimate of drug action; clinical experience and knowledge is obtained only after so many and serious difficulties that the dangers to a pure materia medica from this source are much greater than from any other. It is, however, a perfectly legitimate source, and if its teachings are admitted to the general fund of knowledge of drug action only after repeated observations by conscientious observers; after the most rigid tests, and with the utmost precaution, it becomes a most valuable, indeed an indispensable one.

If *similia similibus curantur* formulates nature's order in curative drug effect, voices a natural law, then it is no less true that the drug which *cures* a diseased condition is capable of producing a similar condition than that the drug which produces a morbid state of animal economy is capable of *curing* a similar state; and the clinical record establishing beyond doubt the curative action of a drug is as valuable to the materia medicist and the therapist as is the record of drug proving. Symptoms then, subjective or objective, which have been cured by a drug may be considered as a part of that drug's action, and as such, safely embodied in our materia medica among its recorded effects.

The difficulties in determining from a clinical report whether in reality the conditions which presented themselves, and which disappeared after the exhibition of the drug were really removed by it are so many that they may well seem to preclude the possibility of gaining general knowledge from this source. The many conditions seemingly moving toward more grave and serious sicknesses, which disappear without homœopathic medication; the change in personal sanitation; in environment; in habits; the removal of aggravating accompaniments, all of which the prescriber in the exercise of his wider duties as a physician enforces, and all of which tend to make possible spontaneous



recovery ; the optimistic view unconsciously taken by the always fallible mortal of his own handiwork, and indeed, many other potent factors must be weighed with due care before a positive opinion may be gained, much less a certainty of curative action be established. The danger of accepting hastily and upon too meagre evidence indications which may be unreliable must therefore be painfully evident ; and, in fact, so much has been claimed and accepted by the unduly credulous as remedial effect which is based upon single experiment or partial and incomplete evidence, that it is small wonder that reports of clinical experience are regarded practically valueless as possible additions to the *materia medica*, by many thoughtful and careful physicians.

That from this source more errors proportionately have been foisted upon the *materia medica*, unintentionally to be sure, but none the less disastrously, than from any other is probably true. Nevertheless, these difficulties, various and serious as they present themselves, are not insurmountable. When repeated observations of earnest and thoughtful workers confirm the usefulness of a drug in certain and definite conditions, recognizable by well-marked signs and symptoms, then doubt gives place to certitude, and a valuable gain has been made for the uses of the healer and the restoration of the afflicted.

The introduction of new symptoms to the *materia medica*, then, is one sphere of the usefulness of clinical reports.

Another and perhaps a more immediately necessary one, is the confirmation of symptoms already recorded.

That many symptoms appear among the records of drug effects which are wholly the product of the too lively imagination of the prover, or of the recorder, cannot be a matter of doubt.

That many symptoms appear, the connection of which with the known action of the drug cannot be traced, but which are truly an effect of its exhibition is undoubtedly true. The personal idiosyncrasy of one prover will cause peculiar, and to us unaccountable action, which the temperament and tendencies of the majority of provers will render impossible. Such symptoms are especially valuable because, met with in the sick, they are frequently the determining symptoms for the prescription. These, too, are those symptoms which do not appear in other provings and which for that reason would be discarded by some of our most earnest and ardent *materia medicists*. A clinical confirmation proving their undoubted authenticity and giving them that established place in the *materia medica* to which

they are justly entitled is a most valuable addition to the sum of our knowledge of the drug. The verification of symptoms, therefore, is a most important and practically useful function of clinical reports.

To the therapist those reports are most valuable which teach him from the experience of others the best *methods* of applying remedies in sicknesses.

The two questions which are least understood by the homœopathic therapist of to-day are the potency question and that of the repetition of doses.

To the solution of these problems, until their governing law is discovered, clinical experience affords the only guide.\* It is unfortunate that controversy, often of a most bitter and uncharitable type, should have arisen over these moot questions, for they are of paramount importance, and to their satisfactory solution all earnest men should give their unbiased and honest efforts.

Since no scientific man to-day questions that all things in nature move in regular order—are governed by natural law—there can be no doubt that the time will eventually come when the law which governs here shall be known and be made practically available. And it will be when a large number of clinical reports shall have furnished sufficient data for extended comparisons that such a generalization can be made.

Until that happy time the uses of various potencies, and of the single dose, or the dose frequently or unfrequently repeated, will be especially valuable to all candid and unbiased students for comparison with their own methods in practice, and that of differing prescribers. And he who attains to the highest will not hesitate to try other methods than those he has usually employed if they promise more favorable results. Only fools discard that which they cannot understand; wise men accept the results of honest experiment, and wait for wider knowledge to solve the unknown *modus operandi*.

The selection of the remedy based upon the symptoms presenting in the case of sickness, and the symptoms recorded among the effects upon the healthy individual of the drug chosen,

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\* The writer is cognizant of the fact that some physicians have thought that a certain relationship existed between the doses used in the provings of the drug and that potency most useful in its exhibition in sicknesses, but since, so far as he has observed, this relationship is wholly a matter of theory, and since there seems abundant testimony that no such relationship is traceable, he has ignored the theory altogether in the above statement. To Dr. E. M. Hale's theories in posology no reference is made for the same reasons.

though a laborious task may often be accomplished, and well accomplished, by the neophyte in homœopathics; the management of the case after its exhibition frequently calls for the highest and widest knowledge of the expert in that science.

Any case, then, the history of which may cast any light upon the moot questions of homœopathic therapeutics; the question of potency; the repetition of doses; the clinical proofs of medicinal action; the solution of the often difficult question whether such action is radical and curative or only superficial or palliative; the intercurrent of anti-miasmatic remedies in the course of treatment; all of these, and, indeed, many other matters of the highest practical importance, in records of illustrative clinical cases, are in the most positive manner important and useful.

If the above propositions are true, the class of cases which should be reported, and the style and form of their presentation are not matters difficult of decision.

There is no longer need to publish cases which prove the action of the homœopathic remedy. The recorded experience of thousands of competent observers through many years has so amply established the truth of the homœopathic law that only he who is wilfully blind or hopelessly stupid may longer entertain doubt.

The labors of the clinician are for the advancement of medical knowledge, he cannot waste his time in writing for the knavish or the stupid.

It is generally useless to record failures. There is a feeling on the part of medical students that the records of failure are of the highest value. To the empirical therapist, he who bases his prescriptions upon the experience or theories of others, such records of failure may have value, but to the homœopathician it will seldom occur that the record of failures is anything besides a proof of his own fallibility—a history of his own mistakes in estimating the relationship of drug to disease. Such records are valuable to the prescriber, but wholly valueless to the great body of the profession.

On the other hand, that experience which shows to the mind of the recorder undoubted cure of conditions or symptoms, new or thus newly confirmed by a given drug is of great value. Such record does not establish the right to consider these symptoms a certain and reliable indication for the drug, but it calls the attention of others to that, which, after a time, accumulated experience may confirm, and thus add to the armamentarium of the profession. And from this it follows that all cases should be reported which confirm the observations of others in clinical



additions to the *materia medica*, or which are confirmatory of drug provings.

I think that any habitual reader of our medical literature can but regret the hasty, and too often slovenly, manner in which many valuable papers are presented; and, therefore, at the risk of seeming presumptuous in dictating to the members of a learned profession, I shall make one suggestion in respect to the style which should be employed in clinical reports.

Having chosen such cases as shall in the ways above mentioned add to the general fund of medical knowledge, present your paper in just as few words as will suffice to bring clearly in view the especial point or points which have inspired the writing. The general character and trend of the sickness having been stated, it is superfluous to give in elaborate detail the generic symptoms. The determining symptoms alone are valuable to your reader, and any elaboration of tedious detail will but obscure the central truth which you desire to promulgate or the especial fact which you wish to record. Of course, you will be accused by self-appointed critics of "prescribing for one symptom," of "ignoring the disease," etc., etc. But you cannot afford to waste your own time, or that of your thoughtful reader, that you may stop the braying of every donkey who wears a lion's skin.

Having established your position, or having completed the narration of facts, stop; and it occurs to me, Mr. Chairman, that it is fitting that I should now follow my own advice in this respect.

## THE INTERNATIONAL HOMŒOPATHIC CONGRESS OF PARIS.

Translated from the French by Walter M. James, M. D.

The late International Homœopathic Congress of Paris held its sessions in the Trocadero the 21st, 22d, and 23d of August last. The following is the list of officers:

President, Dr. Jousset; Vice-Presidents, Drs. Léon Simón, Sr.; Richard Hughes, of Brighton, England; Gailliard, of Brussels, Belgium; General Sec. and Treas., Dr. Mark Jousset. Assistant Secretaries, Drs. Parenteau and Vincent Léon Simón.

Allow us to say before all, in view of the number and class of its members, and the importance of the subjects discussed, the late Homœopathic Congress is one of the most remarkable ever held in Europe. Active and honorary members together, we were more than one hundred attendants, one-half of whom

were foreigners. It can, therefore, be said it was the most international meeting we have attended up to this date. The following is a list of members present not Parisians :

*France*.—Messrs. Bernay, Gallavardin, Imbert de la Touche, of Lyons ; Chapiel, of Bordeaux ; Conqueret, of Versailles ; De Crèquy, of Amiens ; Daniel, of Marseilles ; Garcin, of Aix ; Malapert du Peux, of Lille ; Pellerin, of Algeria ; Gras, of St. Nazaire.

*Germany*.—Elb, of Dresden ; Alexander von Villers, of Dresden ; Grünewald, of Frankfort ; Lutz, of Koethen ; Gailiard, of Brussels.

*Bulgaria*.—Mircowitz, of Slivno.

*Spain*.—Pellicer, Jr., and Alexander Soler, of Madrid ; Juan Sanllehy and Sabater, of Barcelona.

*Greece*.—M. Psilla, of Patras.

*England*.—R. Hughes, of Brighton ; Drysdale, of Liverpool ; Dudgeon, of London ; Suss Hahnemann, Roth, and Maurice, of London.

*Italy*.—Alleori and Vincenzo Liberali, of Rome ; Baldelli, of Florence ; Bonino (President of the Italian Hom. Institute), of Turin ; Cigliano, of Naples ; Fagiani, of Genoa.

*Portugal*.—Augusto de Mello and Daniel Tavares, of Lisbon.

*Switzerland*.—Batault, of Geneva ; Beck, of Monthey, Schædler, and Siégrist, of Basle.

*Russia*.—De Brasol, of St. Petersburg.

*America*.—Clark and Miss I. M. Rankine, of New York ; M. Wright, of Buffalo ; and Church, of Boston.

*Australia*.—Fisher, of Sydney.

Also, the Count Barbo and Madame the Duchess de Melzi d'Eril, of Milan, to whom we owe gratitude, as their collaboration is a striking proof of their attachment to homœopathic doctrine.

The characteristic note of the Congress of 1889 is the discussion on the employment of mixed medicines. It was the first time that such a proposal was brought to an important assembly. It was, as might be expected, unfavorably received. During the Congress in London, 1881, the employment of alternated medicines was discussed, when the subject was only skimmed. The present Congress devoted all of one session to discussing alternations and mixtures, which permitted the question to be carried to its true ground. Without doubt the future Congresses will continue anew the same subject, which will not be exhausted for some time to come. The Congress has recorded its disapprobation of Electro-Homœopathy. Their disavowal is

aimed not so much at the employment of mixed medicines, but at the secret, so long guarded, as to the composition of these so-called mixtures, and all the procedures of Count Mattei that are incompatible with honesty in medicine, and, above all, completely foreign to the precise method of Hahnemann. This decision of the Congress of 1889 ought not to be compared with the famous condemnation of Antimony by the Parliament of Paris. What it has declared at present is that Electro-Homœopathy has nothing in common with Hahnemann's doctrine; that it carries a deceptive title, and that all homœopathic doctors refuse any connection with it.

(*Bibliothèque Homœopathique*, Sept., 1889.)

## THE INTERNATIONAL HOMŒOPATHIC CONGRESS OF PARIS, AUGUST 21st, 22d, and 23d, 1889.

### SUMMARY OF ITS PROCEEDINGS.

Translated from the Spanish of M. Cahis, by E. A. P.

The matters under discussion at the double sessions of the three days were as follow :

*Materia Medica and Therapeutics.*—1. Contrary effects of medicines upon the sick and upon the well, and their relation to the doses, Dr. Piedvache, of Paris. 2. Relations between the germ theory and the homœopathic therapeutics, Dr. P. Jousset, Paris. 3. Homœopathic therapeutics and its relations to other branches of therapeutics, Dr. Pinilla, Madrid. 4. The method of studying pure materia medica, Dr. Gailliard, Brussels. 5. Use of electricity in homœopathic medicine, Dr. Conan, Paris.

*Application of Materia Medica to Therapeutics.*—1. Homœopathic treatment of Bright's disease, Dr. Hansen, Copenhagen. 2. Treatment of locomotor ataxia, and of the state of pseudotabes, Dr. von Villers, Dresden. 3. Of the possible cure of the cancer diathesis, Dr. Criquelion, Mons. 4. Treatment of cancerous tumors by homœopathic medicines, Dr. Gutteridge, London. 5. Of *Hydrastis canadensis* in mammary cancers and infarcted glands of this organ, Dr. Imbert de la Touche, Lyons. 6. Therapeutic employment of some new remedies under the law of the simillimum, Dr. Ozanam, Paris. 7. Of massive doses of Caffeine in the treatment of insomnia and neuralgia, Dr. Jousset, Jr., Paris. 8. Iritis and irido-choroiditis occurring in uter-



ine affections, Dr. Parenteau, Paris. 9. Cure of a case of diphtheria with Cyanide of Mercury, by Dr. Serrand, Paris. 10. Croup and diphtheria, by Dr. Oxford, Lexington, U. S. A. 11. Seven observations on cures of senile trembling and paralysis agitans, by Dr. Imbert de la Touche, Lyons. 12. Pulmonary consumption in Algeria, statistics and treatment, by Dr. Feuillet, Algeria. 13. Diseases of women, diagnostics and cures, by Dr. Blake, London. 14. Homœopathic therapeutics of pregnancy, by Miss H. Keating, M. D., New York. 15. Homœopathic therapeutics applied to the especial diseases of women, by Miss Isabel Rankine, New York. 16. Some points on surgery, by Dr. Watson, London.

*Legislation.—Colleges and Hospitals.*—1. Mono-pharmacy, Dr. Gailliard, Brussels. 2. Propagation of and instruction in Homœopathy and its hospitals in Spain, Drs. Pellicer and Garia Lopez, Madrid. 3. Proceedings relating to secret medicines, by Rappaz, Montevideo. 4. Nomination of a commission of pharmacology, by Dr. Ecalle, Paris. 5. Homœopathy in the United States; rules for its practice in the State of Minnesota, by Dr. Ferrand, Paris. 6. Best methods of propagating Homœopathy, by Dr. Roth, London. 7. Homœopathic education of women in New York, Dr. Montague Lozier, New York. 8. Homœopathy in Cook County Hospital, by Dr. Gatchell, Chicago.

Owing to the large number of memorials and the limited time in which to consider them, together with the absence of several authors, it was agreed to confine the discussion to a limited number of subjects, as follows:

*Afternoon Session, August 21st.*—The President, Dr. P. Jousset, in the chair. The session opened at four o'clock. The President expressed his gratitude for the honor shown him, accepting it as a recompense for a life-long service that has been dedicated on all occasions to the defense of true therapeutics.

Much is hoped for the propagation of Homœopathy through this Congress, and it is believed that the themes under discussion will be most instructive.

The Congress will demonstrate that, faithful to the character impressed upon it by its founder, Homœopathy will energetically repel all pseudo-scientific systems that have hidden under its name practices of secret and mysterious therapeutics.

Polite and careful discussions only are desired.

On motion, Drs. Beck and Drysdale were elected Honorary Presidents.

Dr. Mark Jousset, General Secretary, read letters of excuse from absent members, and Dr. de Brasol's credentials as repre-

sentative of the Homœopathic Society of St. Petersburg, and those of Drs. Helmuth, Wright, and McClelland representing the American Institute of Homœopathy.

It was announced that an International Homœopathic Congress would reassemble in the United States, and that Dr. Hughes, Perpetual Secretary of the five-years' Congress, would receive with much pleasure the assistance of those who desire to attend.

#### THE QUESTION OF THE DOSE.

The President invites the members of the Congress to take active part in the discussions on the works of materia medica and general therapeutics, adding that as Dr. Piedvache had not been able to finish his memorial on the contrary effects of medicine in sick and well patients, and of the same in their relations to the doses, he begged to be allowed to withdraw his conclusions, but it being such an important subject he invited its discussion.

Dr. Cigliano, of Naples, thinks that the absorption by the system of the remedy is subject to various laws; that when more attenuated its absorption is more rapid. This is accomplished in two ways: by the most important veins and by the lymphatics. The elimination is in two ways: rapidly by the urine, and more slowly by way of the veins and lymphatics. It is necessary to know these diverse operations, and when the moment is arrived to suspend the administration of the medicine, which is as soon as the absorption is completed. We thus avoid its accumulation in these channels of elimination where otherwise it would become dangerous. The effects of the medicines are not proportioned to the doses taken, but to the *amount absorbed*. Thus, a strong dose given once could not produce more than the effect of a small dose if only a minimum amount is absorbed, and, on the contrary, the weak doses repeated could produce the effects of a strong dose by internal accumulation.

Dr. Villers, of Dresden, remarked that if the administration of the medicine is limited to one dose, and waiting before renewing it if it be necessary to do so, then the accumulating symptoms that supervene should not be noted, but the critical symptoms from which we select the remedy.

The progress of pathology demonstrates that no disease exists without the involvement of the nerves. Why then cannot nervous diseases be cured with small doses? Why not infer from this that the small doses can cure *all* diseases and that we must return to the precepts of Hahnemann of prescribing the doses as small as possible and at long intervals?

Dr. P. Jousset says that on the question of doses the homœopaths are variously divided; some exclusively employ the high dilutions, others the strong, others both the one and the other, according to their cases. I formerly proposed a law to fix the doses that should be used according to the symptoms combated and according to the remedy, but it was not satisfactory, and I wish that some of the members would arrive at a decision that will assist the solution of the problem.

Dr. Liberali, of Rome, believes that it is not possible to give an absolute rule; and laments that there are brethren that daily employ massive doses, while others use only high dilutions, so high that they almost pass the margin of Hahnemann. The doses should be determined and subordinated to the kind of disease, the age and sex of the patient. Rome has intermittent fevers and serious pneumonias that necessitate at times dilutions relatively low.

Dr. Gailliard has cured, in Belgium, patients with marsh fever that resisted strong doses of sulphate of Quinine, by means of infinitesimal doses.

Dr. Cigliano believes that the important point is the individualizing of the remedy. When the remedy is well selected small doses only are needed; without them there is danger of aggravation. One day I prescribed for an English lady one drop of Lachesis<sup>30</sup>. The patient took ten drops, at once causing such aggravation that she believed herself poisoned.

Dr. Gailliard remembers a law proposed in 1878 by Dr. Jousset that he thinks excellent. *It is necessary to choose that medicine the double action of which is similar to the pathological case that is to be combated; that is to say, we should use the infinitesimal doses to combat those symptoms which are analogous to the effects produced in a healthy person by infinitesimal doses, and use the ponderous doses against those symptoms which are analogous to those that are observed in the well person by strong and poisonous doses.* He proposes the study of this proposition for the next Congress. This motion was approved.

Dr. Léon Simón finds this question of doses most complicated. When he is in the presence of a patient the first thing is the selection of the remedy, next the choice of the dose, which, of course, differs undoubtedly with the case treated whether it be acute or chronic. With the former it would be promptitude, not contenting one's self with one dose a month. The variety of susceptibility in different individuals is worthy to be taken into consideration.

It is difficult to find a formula applicable to all cases, and it



can be said with Hahnemann that in Homœopathy there is the absolute and variable. The absolute is the law of the simillimum ; the variable is the choice of the dilution and the repetition.

Dr. Gallavardin, of Lyons, gives habitually a single dose, and allows it to work. The low dilutions have an action of short duration ; the high produce at times aggravation. Ordinarily begin with a medium dilution, and later go up to the 200th or higher.

Dr. Léon Simón has not used the very high dilutions, as very little is known of the way Jenichen and Korsakoff prepared them.

Dr. Vincent Léon Simón refers to experiments undertaken forty years ago in the Vienna hospitals. During two years the sixth dilution was given, two years later the fifteenth, and at last the thirtieth was given ; while in other hospitals they only used the first and second. The results were analogous, perhaps more flattering for the last hospital. The discussion here ended.

#### THE GERM THEORY AND ITS RELATION TO HOMŒOPATHY.

Dr. P. Jousset then read his paper on the *Relation of the doctrine of microbes to the homœopathic therapeutics*.

According to the microbe doctrine, all diseases are caused by a pathogenetic microbe. Disease then arises from external causes. The immediate consequence of this etiology is the application of antiseptic therapeutics, whose end is to destroy the microbes that cause the disease. These therapeutics are the result of the application of the axiom, *contraria contrariis curantur*, and its adoption the discarding of the homœopathic therapeutics as worthless.

The microbe theory is false as an etiological doctrine, because the microbe does not operate without the presence of a defined predisposition, and because many diseases that can be inoculated may be produced spontaneously by the work of a live organism.

Antiseptics are heroic medicines in traumatism but ineffectual for therapeutic cures. In medicine the part they play should be limited to preventive inoculations, in which office they have given brilliant results in variola and rabies. The value of Homœopathy is not deteriorated by the antiseptic.

Dr. J. P. Tessier combats these conclusions, and says that perfection in a new science, such as bacteriology, should not be expected. Its partisans do not consider that all diseases are produced by a pathogenetic microbe, but reserve this etiology for infectious diseases.

They do not advocate destroying the microbe, but the placing

of the organism in a condition that will impede reproduction.

If the partisans of the microbe doctrine should choose a formula they would ultimately have to adopt the law *similia similibus curantur*, as in the case of Pasteur and Galtier's methods for treating hydrophobia and that of Chauveau and Arloing in treating septicemia, which are mere applications of that principle.

There is no doubt that microbes cannot operate without the existence of a defined predisposition, but they have a capital importance, and syphilis, variola, measles, etc., do not appear spontaneously but are the work of a live organism.

It is evident that the antiseptic is all-powerful in surgery. It cannot be predicted to what results it will some day attain. In medicine it is yet in its infancy. We cannot say it will not go any further.

Homœopathy is the greatest discovery in medicine. It has suffered nothing by this new doctrine. It not only combats virulent diseases, but every kind of morbid condition.

Dr. Dudgeon, of London, believes it is difficult to prove that the microbes are the cause of diseases, and that if they were, the antiseptic therapeutics would still be indefensible; for in killing the microbe the danger is great of killing the patient. Many of the best English surgeons have renounced Carbolic acid, as it is liable to accidents, and they believe that exquisite care and scrupulous cleanliness are sufficient. Bolle, of Aix-la-Chapelle, has replaced Lister's method by the use of cotton soaked in Alcohol and tincture of Arnica. He makes many cures and obtains good results.

We should be careful not to exaggerate the value of Pasteur's results in the treatment of rabies, for Dr. Kranzinski, of Moscow, has reported three hundred and seven cases of bites by rabid animals in which no preventive inoculations were made. Yet only 8 or 2.6 per cent. died. On the other hand, in England two hundred and fourteen have been treated at Pasteur's Institute, of which 3.27 per cent. have died. With these results what is the value of inoculation?

Dr. de Brasol, of St. Petersburg, does not consider preventive inoculations as the ideal prophylaxis. According to this idea the healthy man must be inoculated with all contagious diseases, variola, cholera, typhoid dysentery, etc. He believes that all that is necessary is to fortify and induce health in the human organism, and not weaken it and infect it by communicating the germs of all these diseases. He has arrived at the conclusion

that the results of vaccination against variola are not satisfactory.

Agreeing with Dr. Jousset's opinion that the microbe theory is false, as an etiological doctrine, and that antiseptic therapeutics is impotent as a curative agent, he amplifies his views, and affirms that the microbe theory is false as a base of prophylactic therapeutics. The work of the laboratory is "*Love's labor lost.*"

Dr Villers is a microbist, as is Dr. Tenier. Both, however, attribute great importance to the homœopathic treatment even in surgical cases. For this reason he recommends Dr. Bolle's treatment, saying it does not affect the action of our medicines. It consists of cotton soaked in Alcohol with 1-100 of tincture of Arnica. The cotton prepared with this solution is put in position and moistened daily without displacing it.

Dr. Clark, of London, observed that individuals poisoned by Carbolic acid show symptoms analogous to the complications of traumatism, for which reason it can be said that the methods of Lister work according to the law of the similars. The session closed at 6½ o'clock.

#### THE HOMŒOPATHIC MATERIA MEDICA.

*Thursday, August 22d.*—Morning Session. President Dr. P. Jousset in the chair. The minutes of the former session were approved.

Dr. P. Jousset thanks Dr. Dudgeon for his contributions to the discussion given at the last session. He maintains that antiseptic medicines are supported by the laws of the contraries when they pretend to be curative. The preventive inoculations, badly named vaccinations, are really founded upon the law of the similars although constituting the practice of isopathy. The orator defends Jenner's practice of vaccination as an almost sure preventive of variola and does not think it dangerous.

On motion of the President, it was decided that the papers sent by absent members should be considered after the regular order of the day. Dr. Gailliard read his paper on *A method for study of Pure Materia Medica*. Hahnemann's works on materia medica form three volumes of the *Materia Medica Pura*, and the *Chronic Diseases* form two volumes. Allen's *Encyclopædia* is much more considerable, and lastly, in his dissertation before the Royal Medical Academy of Belgium, in 1877, the speaker added to the provings of Arsenic and Phosphorus nearly eleven hundred observations, all of allopathic origin, that confirm the symptoms of Hahnemann's pathogeneses.



He afterward did the same work for Belladonna and Digitalis.

The observer and the experimenter in materia medica should follow three ways of study essentially distinct, and that are all complete in one: analysis, synthesis, and comparison.

The pathogenetic studies of Hahnemann and his followers are incomplete and difficult to read because they have been produced exclusively by the analytical procedure.

#### A PLAN TO REFORM THE MATERIA MEDICA.

A reform is needed in the materia medica by the undertaking of works of synthesis and comparison. Once done it will be much more important and oftener consulted than purely analytical work that is useful for proofs only.

*Analytic study* investigates chemical and anatomical modifications of the organs and tissues as well as the functional modifications produced by a simple pathogenetic agent.

*Synthetic study* establishes that medicines are morbid agents, and that the nature of the cause alone distinguishes whether the condition is from natural disease or from the effects of the medicines. We, therefore, must study their invasion, their evolution, their lesions, and their complications, and thus hit upon the correct diagnosis.

*Comparative study* consists in the comparing of the character of a medicinal disease with that of a natural disease, and with other medicinal diseases, establishing thus its differential diagnosis.

These investigations should be verified first in the well man; secondly, by application upon the sick. But such investigations must not be confounded with the *ab usa in morbis*. Lastly and before all, in animals.

These complex investigations are almost beyond the power of one man. It would be most profitable to have them done in common—that is to say, by a committee of all the delegates of the different countries.

The Congress could accept this proposition and order the work begun. The methods of its execution could be studied before the future Congress of London.

Dr. de Brassol does not believe that such investigations are necessary, above all, in animals, as in such a case they could not give us the subjective symptoms which the experiments in the well man furnish us. There are also differences in the action of medicines according to the animals experimented upon. How much more then between the action on animals and the action on man.

Dr. Batault advises, above all, the study of physiological anatomy of the cells, giving an account of their vibratory method of action. Can we reach this *desideratum*? It would be most difficult to employ this method in the nervous system, as the nervous cells differ slightly except in their functions. For all nervous disturbances, and for many diseases that exhibit none or else only insignificant lesions, analytical experiments upon the well man are absolutely necessary. Studying clinically the diseases of the nervous system, it is necessary to investigate which remedies produce analogous symptoms to those that are observed in the sick, and to infer from this that a medicine has a given action or power over a determined group of nerve cells.

Dr. Cigliano believes that what is necessary for the *materia medica* is the method of explanation of the symptoms consisting in studying the following different circumstances: prodromos, the qualities of the symptoms, similitudes, modalities, concomitants, increasing and diminishing circumstances, conditions, and habits. He has applied this method to the work that he has published, *Individualization of Medicines for Symptoms and Diseases*; or, *Great Homœopathic Clinical Repertory*.

This method would give the *materia medica* a classification of which the pathogenesis of *Aconite* as presented to the Congress is an example.

Dr. Léon Simón approves in all its points of Dr. Gailliard's proposition. The author knew in his youth the homœopaths of the first generation, who studied the *Materia Medica* much more than we do now, and proclaimed highly the efficiency of Homœopathy; whereas, those who have come later and who have simplified the *materia medica* come to a contrary conclusion.

It is true that Hahnemann's *Materia Medica* is not perfect, but it is easier to criticise than to imitate. What they should do is to try to complete it. Indeed, Imbert Gourbeyre has partly done this for Arsenic and Belladonna.

Synthesis is good, and Hahnemann has made synthesis the head of each chapter devoted to the different medicines, but the patient is a being essentially analytical. Therefore, it is necessary to analyze individually, and, as Hahnemann said, cure not the disease, but the patient.

#### A PLEA FOR THE CYCLOPÆDIA OF DRUG PATHOGENESY.

Dr. Guerin Meneville, speaking for Dr. Hughes, who distrusts his own knowledge of the French language, says that he approves of the plan of Gailliard, but before commencing these

studies it is necessary to collect data. This work has been rehearsed in the *Cyclopædia of Drug Pathogenesis*.

He presents the Congress with the two parts of this work that have already appeared, extending to *Natrum muriaticum*.

The conviction has been established that the homœopathic materia medica is far from what it ought to be. The compilations of Jahr and of Noack and Trinks are not clear. Dr. Allen's *Encyclopædia of Pure Materia Medica* has two capital defects that will prevent its being the materia medica of the future. First, it contains all symptoms—good, bad, and indifferent, and secondly, it persists in the pure conceptive (*esquematic*) form of explanation adopted by Hahnemann. The symptoms isolated from such concepts (*esquemas*) are completely incomprehensible.

In the *Cyclopædia*, whenever possible, the exposition of the pathogenesis is a narrative of symptoms caused by drugs, followed by clinical cases, giving thus a force and character analogous to the descriptions of idiopathic diseases. This is fixed in the memory, and is completed by means of experiments on animals.

It has been necessary to select the authors, throwing out entirely such novelists as Houat, Wolf, and Mure, and yet earnestly approving of the symptoms of Hering and Peters.

In relation to toxic symptoms, it has not given an extensive collection, but much better, only the typical symptoms of distinct forms. Using various abbreviations, easily intelligible, all the materia medica since Hahnemann could be condensed into four volumes of ordinary size. Hahnemann's pure *Materia Medica*, translated from the latest editions with its preface and annotations, would make up the first volume.

Dr. Léon Simón thinks that the work that Dr. Hughes describes seems to correspond closely to Dr. Gailliard's programme, and he favors its completion.

Dr. P. Jousset makes the observation that the opposition of views that seems to exist between Drs. Gailliard and Léon Simón is more apparent than real, as the first recommends the synthetic study of materia medica, yet wishing that analytical study be preserved entirely. When the symptoms are described in the order of their appearances we obtain a species of synthesis that gives more important instruction than the symptoms absolutely isolated by Hahnemann.

If what was said lately by Dr. Léon Simón is true, our antecedents knew more of materia medica than we do. It is probable we are not as assiduous in its study on account of its colossal



proportions. Perhaps the explanation may be that formerly the homœopaths were less called upon to combat acute affections, treating in preference chronic diseases. As a practical conclusion to this discussion, we should study the materia medica with greater care.

The President decided that Dr. Gailliard's proposition had been approved by the Congress.

### ELECTRO-HOMŒOPATHY.

Dr. Conan read a paper on the employment of electricity in homœopathic medicine, in which is used successively mineral electricity, vegetable electricity of sensitive plants, of electrified complex medicines and external medicaments.

Hahnemann studied symptoms produced by the north and south pole of the magnet. The speaker has prepared globules of a mixture of equal parts of Alcohol at ninety per cent. and of water in which he has submerged a needle magnetized by the north pole of a strong magnet or loadstone. One globule of *Mimosa pudica* alone soaked in this magnetized water cured in a few hours a lady prostrated by an invincible chronic diarrhœa.

I cured also a man forty-six years old, who was in a debilitated and melancholy state, and who showed all the symptoms of cerebral softening. He had tried all other treatments in vain. I administered water electrified with a negative electrode of gold by means of a statical apparatus. I believe the electro-homœopaths should make use of vegetables united with minerals, and electrified by means of a strong induction machine. The vegetables that should enter into their composition are those of an especial vitality, such as the sensitive plant, whose leaves close on the slightest contact—the *Sparmania Africana* whose anthers are irritable; the parietaria, the nettles, berberis, the filaments of whose stamens are agitated when they are touched by the point of a needle and fold over upon the pistil. All this can be called vegetable electricity. The electro-homœopath has artificially electrified these electrical plants.

Belotti, in his preface, indicates the complete way of preparing these complex medicines. He says that the solubility of the insoluble substances that have to be triturated is augmented by connecting the solvent with two opposite poles of an electric current.

Dr. Conan deduces that an investigation would be useful of the employment of magnetized alcoholic water or of electrified medicines, determining the character of the electric current that should be used in any given case, whether a con-

tinued or an induced current, and whether through thick or thin wire.

Dr. Léon Simón finds in this paper two subjects to consider: First, the employment of electricity—an agent whose use is extending daily more and more in medicine, but generally confined to specialists. Second, the employment of electricity in connection with Homœopathy, the discussion of which will take place to-morrow in the considering of two communications on Mattei's remedies.

### POLYPHARMACY, OR MIXED PRESCRIPTIONS.

Dr. Gailliard related the discovery of the use of complex medicines:

Ægidi, friend of Hahnemann, wanted to administer two or three medicaments together having a similar action, and made vain attempts to form a school. Later, Lutze actually practiced this method. But only after thirty years do we find that the polypharmacists have completely systematized their methods.

About the year 1850, a poor abbé of Turin, named Soleri, practiced Homœopathy, availing himself of the small manual of Jahr. One day he gave a miserable peasant several different powders to take successively for a period of forty days. His patient, desiring more speed than certainty, swallowed it all at once, and was cured before the forty days had expired. To the abbé this seemed a miracle, and forthwith he advocated the complex system, and proclaimed the superiority of it over Hahnemannism.

He formed a partnership in 1861 with his nephew, Dr. Belotti. They classified remedies in twenty-six series, the cerebral, medullary, great sympathetic, vascular, lymphatic, etc. In 1866, Dr. Finella simplified Belotti's method and created new formulas, specifics against worms, etc.

Signor Mattei, who was then an unbeliever, conceived his idea of Electro-Homœopathy. This method was revealed to him by Providence, the secret of which he guarded with great care, no doubt by Divine command. We know to-day, thanks to Sauter and other brotherly enemies, the composition of his pills for scrofulosis, aneurisms, etc., and his electric solutions, red, green, etc.

The latest incarnation of complete polypharmacy has been revealed to us in the year of grace 1888, in that "Homo-homœopathist," Dr. Conan. This "Homo-Homœopathy" comprehends twenty-six series of medicines, all specifics; anti-febriles, spe-

cifics for inflammatory diseases, acute or chronic diseases of the cerebrum, meningitis, etc., etc.

Each series of medicines contains invariably six groups and each group embraces from twelve to thirty remedies. The groups should be alternated on various occasions each day—that is to say, the series should be alternated and be employed successively in divers dilutions; and, finally, from time to time as an intercurrent, the *urinary* simillimum dynamized in a very high dilution the thirtieth, one hundredth, two hundredth, three hundredth.

The session closed at quarter after twelve.

### PROGRESSIVE LOCOMOTOR ATAXIA.

Afternoon Session. The President, Dr. P. Jousset, in the chair. The proceedings of last session were approved.

Dr. Villers opened his paper on *Homœopathic treatment of locomotor ataxia and pseudo-tabes*. In all his cases he has observed that the disease is to be attributed to syphilitic infection. At times a cold taken from dampness, he judges, might be the immediate cause. In such cases he finds indications for *Rhus-tox*.

The diagnosis of true ataxia may be difficult, as certain cases of hysteria present similar symptoms. From the therapeutic view, ataxia can be divided into two periods: first, the irritable, that corresponds to medullary inflammation, during which time complete cures can be obtained: second, of sclerosis and atrophy, which are incurable. *Secale cornutum* is the most important medicine since the works of Tuzek have demonstrated the similitude between the symptoms of ergotism and of tabes. Darting pains are the symptoms most troublesome and most pointed. Dr. Villers has observed that they are aggravated by light contact and alleviated by strong pressure. *Graphites*, *Sulphur*, and *Stannum* correspond to these pains, which are administered from the thirtieth up to the two hundredth in single doses, waiting the full effects of the remedy before changing.

The symptom most frequent is formication that gives way to *Secale* or to *Nux-vomica*. A sensation as if drawing around the waist, which indicates *Graph.*, *Nux-v.*, *Stannum*, and above all *Rhus* and *Alumina*. Sensations of heat or cold at limited points in the skin that are helped always by massage and hydrotherapeutics. The conditions of sexual excitement, more active in woman than in man, might be symptoms of hysteric-pseudo-tabes. *Sulph.* is suitable, when these ideas pursue the patient even during work.

Impotency might be modified with advantage by *Tabacum*;



above all when it comes accompanied with great weakness of the knees. Tobacco is almost as important as *Secale-cornutum* in the treatment of tabes, and the author saw in his service at North Angel a patient, a man who for many years had presented all the signs of locomotor ataxia, but who was really affected with nothing but nicotine poisoning.

Constipation gives way to *Nux-vomica*, Opium, and enemas of tepid water. Retention of urine is to be avoided, according to the author. Compression of the hypogastric region with the hand will cause contraction of the bladder and discharge, thus avoiding the use of the catheter. Among the adjuvant measures of treatment, electro-therapeutics should be discouraged, as the action of homœopathic medicine is disturbed in tabes by such treatment. But, on the contrary, baths are advantageous; however, Carbolic acid baths, lately so recommended, seem useless. Mineral waters are indifferent, though such waters as Gastein are advantageous, but great prudence is to be recommended in their use; at the most the patient should have only one or two baths weekly.

Dr. Vincent Léon Simón thinks that when darting pains are aggravated by light contact, and relieved by strong pressure, *Plumbum*\* might be tried, founded upon the localization of symptoms in the inferior parts of the body. *Zincum* has had desired effects in urinary disarrangements.

With relation to the neutral mineral waters, La Malou, in France, has a favorable action, which is comparable to that of Gastein.

Dr. Daniel, of Marseilles, is surprised that Dr. Villiers has not spoken of Arsenic among the medicines for tabes. It is the agent that makes the waters of La Malou most efficacious.

Dr. de Brasol advises *Agaricus-musc.*, when the darting pains are accompanied by cold sensations.

Dr. Batault has cured them with *Bryonia*<sup>30</sup>.

Dr. Gallavardin, with one dose of *Nux*<sup>30</sup> has enabled patients with locomotor ataxia to walk erect, and in the dark. He has often cured urinary derangements with *Conium*<sup>600</sup>.

Dr. P. Jousset said: We possess to-day sufficient data for the treatment of locomotor ataxia by a medication that may be called *Coördénada*. The first period only is susceptible of cure. For this there are two remedies above all others, *Sulphate*

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\* Pains which are aggravated by light pressure, and ameliorated by strong pressure are characteristic of *Nux-vomica*. We have had brilliant success in relieving a case of renal colic by attention to this symptom.—W. M. J.

of *Atropine*, recommended for some time by Dr. Hughes, and *Sulphate of Strychnine*. These remedies are given in third and second triturations, never lower. In the pathogenesis of *Belladonna* and *Nux-vomica*, we find a faithful picture of the symptoms of ataxia in its beginning. Clinics have confirmed these statements, and show that this treatment is efficacious. It is difficult at times to recognize which of the two remedies is best indicated. One could be used during fifteen days, the other the fifteen days following, and thus successively. As adjuvant treatment, sea-bathing appears to be very favorable.

### INSOMNIA AND NEURALGIA.

Dr. Mark Jousset read a paper on *Massive doses of Caffeine in the Treatment of Insomnia and Nocturnal Neuralgias*.

Insomnia, with agitation, is one of the effects of coffee and of Caffeine. Coffee sometimes also produces neuralgic symptoms in the inferior maxillary, the teeth and the stomach, producing as well hemicrania.

Here, then, is an application of the law of similars in the use of coffee and Caffeine against nightly neuralgias and insomnia. Caffeine in massive doses, five to ten centigrams of the crystals, seems necessary at times in some cases. Such doses have cured two facial neuralgias, zona of the brachial plexus, two left sciaticas, and a left intercostal neuralgia.

Dr. Tesser asks if he has had any failures.

Dr. Cigliano laments that there has not been more preciseness in the individualization of this medicine, and inquires if the neuralgic pains are aggravated by contact.

Dr. Mark Jousset has had failures when he has used Caffeine in cases of nervous insomnia without nocturnal neuralgia. Up to the present time it has worked well in the treatment of nocturnal neuralgia, insomnia, intense restlessness, and impossibility of keeping in bed.

### IRITIS AND IRIDO-CHOROIDITIS.

Dr. Parenteau read his paper on *Iritis and Irido-Choroiditis in connection with uterine affections*. Puberty, pregnancy, the menopause, and uterine lesions might engender one of these ocular affections. Puberty produces, above all, dynamic perturbations, pregnancy and uterine affections occasion *iritis and irido-choroiditis exudations* with multiplied lesions.

The author gives his attention by preference to a variety of these affections; glaucoma (*vitritis*) an obscure affection which

is overlooked among a variety of other lesions which are more obvious, such as iritis synechisis. In girls and female children it may appear alone or accompanied by lesions so minute that glaucoma predominates. It affects most commonly only one eye, and appears at times most commonly during the menses and in pregnancy.

It is characterized by symptoms of diminution of visual acuteness that appear suddenly, and which are owing to a great number of exudations, very delicate, that float in the body of the vitreous humor. If there is not phenomenal inflammation of adjacent structures, the iris or the sclerotic, the affection is indolent. With the ophthalmoscope a fatty point more or less prominent may be seen in the fundus of the eye.

The prognosis is grave, as it may result in hopeless obscuring of the field of vision. Curing the uterine affections or re-establishing the menses might produce relief.

Homœopathic treatment produces a cure in a few weeks, even in a few days, if the patient is treated from the beginning. The principal remedy is *Mercurius corrosivus* from the 1st to the 6th. Given in small quantities it is sufficient for the cure. If at the same time there is iritis, Atropine must be injected into the eye. *Sulph.* and *Arsen.* might be indicated, but are inferior to *Mercurius*.

Dr. Gallavardin refers to a case where he restored sight to a lady who had a diminution of visual acuteness, and who was presbyopic, by touching the eyelid with a steel needle.

#### DIPHTHERIA AND CROUP.

Dr. Daniel Serrand read his paper on *Diphtheritic Croup cured by Cyanide of Mercury*.

Lily M. F., of Philadelphia, aged three years, on the 14th of August, 1880, presented a quick angina pulposa (*pharyngitis*), for which she took *Bellad.* From the 16th to the 25th she seemed to regain perfect health.

In the night of the 25th the child was attacked with croup. Both tonsils were covered by a fold of false membrane, apparently diphtheritic. The palate began to be invaded. *Bromine* interiorly by irrigations in the mouth and a spray continually surrounding the patient.

On the 26th, at six A. M., the fold that surrounded the tonsils was thick and a yellowish white, the palate was completely covered; respiration stridulous. Although weak the little one ate a little. After consultation, Dr. Cretin agreed upon *Bromine* every hour and *Byronia* every five minutes.



The 27th, the false membranes had increased. The swelling of the lymphatic ganglia was considerable, oppression very great, voice gone, and induration much marked. The dyspnoea proclaimed the approaching crisis. The question of tracheotomy was considered. *Mecurius-cyanatus* 2d x trituration with a spoonful of coffee each half-hour.

About the middle of the night the child was better, there was less oppression; tracheotomy was deferred. The vulva was covered with diphtheritic patches.

28th, her voice was better, the false membranes were loosened, child asks for food; the nose less obstructed, tumefaction was diminished and respiration was easier.

29th, great improvement. The false membranes were entirely dislodged. *She had two diarrhœic stools, one of which was entirely covered with false membranes.* The croupy cough had disappeared. Cyanide repeated from hour to hour.

30th, she was growing better and the 2d of Sept. the patient went to the Isle of Jersey, where she remained awaiting the time for her return to America.

Her convalescence was good. However, in America paralytic sequelæ occurred, which were cured later without leaving bad effects.

#### CYANIDE OF MERCURY IN DIPHTHERIA.

Dr. Beck, of Monthey, in Valais, is happy to be able to present to the Congress Dr. Alexander von Villers, the first patient cured with Cyanide of Mercury, who is here present. Amid the applause of his hearers, he explains how, during the despair of Dr. Villers, Senior, the dismay of Dr. Lund, the attending physician, and of the suffering endured by the child with a courage and resignation much beyond his years, the speaker suddenly remembered having read an account of poisoning by Cyanide of Mercury. Noting the similarity of symptoms between the recorded poisonings of this drug and the symptoms of diphtheria, he immediately had prepared the 6th x dilution of the drug, which accomplished the cure.

On motion of Dr. de Brasol, the Congress gave an ovation to Dr. Beck, and a vote of thanks for the great service given to humanity in this discovery.

Dr. P. Jousset asked Dr. Beck what he thought is the proper dose of Cyanide of Mercury.

Dr. Beck: I have always used the 6th since the first case in which this medicine was so successful.

Dr. de Brasol thought that the 2d trituration of Cyanide of

Mercury that Dr. Serrand employed would be a dangerous dose even for an adult.

As a physician he was an active witness of a great epidemic from 1878 to 1880 in the government of Poltawa, a terrible epidemic that devastated half of the infantine population of that region. Treating cases as an allopath, at the beginning of this epidemic, he employed astringents, antiseptics, and cauterization, etc., with disastrous results.

At that time he had professed sympathy for homœopathic medicine, which he had tried in chronic affections but never applied to such a malignant disease. Yet after so many failures he tried *Merc-cyan.*, and was amazed at the results obtained. He gave to all doses from the third trituration to the thirtieth. In some cases the third produced aggravation, and he hence prefers the thirtieth. Some cases do not yield to *Cyanide*, and then *Arsenicum-jodatum*, *Phytolacca*, *Bromium*, etc., effect the cure.

Notwithstanding all this there are some cases of septic diphtheria that resist all treatment and terminate in death. As to the doctors that make the pretence of having cured five hundred diphtheritic cases at one time, without one failure, with *Merc-cyan.* and at another with other remedies, as we cannot doubt their word, we must doubt their diagnostical capacity. These hasty affirmations considerably injure homœopathic prestige, and authorize our adversaries to doubt our cures. We must be strict with ourselves, and not forget that there are mild epidemics and serious epidemics, where numbers of sick die notwithstanding all treatment, and also that we never should present as proofs of our treatment any but serious cases.

Dr. James Love completely agrees with Dr. de Brasol's opinions. Dr. Comby, physician of a children's dispensary, declared lately at the *Société des Hôpitaux*, that he saw only ten cases of diphtheria in a year at his dispensary. Dr. Love treated only about fifteen, and his personal experience on *Cyanide*, as at most he has employed only the second x trituration, is but little satisfactory. He has cured croup with this remedy in ten cases in twelve, but he believes the successes are not owing to the mode of operation but to continued homœopathic treatment.

Dr. Serrand believes that there can be no doubt as to his diagnosis of diphtheria. The seriousness of the symptoms and subsequent paralysis prove it, and the doctors Cretin and Rémond, called in consultation, agreed in the conclusion.

Dr. Boyer has obtained notable results with *Cyanide* (sixth), alternated in very serious cases with bromine water 100 x ac-

according to Dr. Teste's formula, a dose of three to four drops in a little sugar and water.

Dr. P. Jousset claims that Ozanam was the first to use Bromine in diphtheria.

Dr. Cigliano has found the sixth dilution of Cyanide always sufficient for the treatment of diphtheria. In some cases he observed on the fourth day some phenomenal aggravations, such as diarrhoea, salivations, augmentation of fever, etc. He then suspended the treatment, and the patient was cured. He has not been so fortunate in the treatment of croup.

Dr. Mark Jousset made a note regarding Cyanide of Mercury that the third x is the dose most used in France, although Dr. Petit, of Rennes, has observed aggravations, and advises the use of the sixth x.

Dr. Serrand's observation is a valuable demonstration that Cyanide was effective until the laryngitis period of diphtheria. Moreover the pathogenesis of *Mercurius* contains some laryngitis symptoms.

In general phthisis Cyanide of Mercury is most convenient in the pharyngitis period, and when the croupy symptoms appear other remedies must be used, sometimes alone and sometimes alternated. Bromine is really efficacious, but the patients do not like it. Dr. M. Jousset replaces it with *Spongia tosta*<sup>1</sup>, which contains Bromine and has been recommended by Hahne-mann. This medicine alone or alternated with Cyanide of Mercury has cured difficult cases of croup without recourse to tracheotomy.

Dr. Bonino, of Turin, never has cured diphtheritic laryngitis with Cyanide alone, always alternating it with Bromine. He observes that Dr. Serrand's case is of little consequence, as he did not employ Cyanide alone, perhaps because with Bryonia the diphtheria could not have extended to larynx.

Dr. Beck considers croup and diphtheria two distinct diseases. In croup death is caused by asphyxia, as it is impossible for air to reach the lungs. In diphtheria asphyxia supervenes because the blood corpuscles are altered. Croup can be conquered with *Acon.*, *Spongia*, or *Hepar*.

Dr. Sanllehy, of Barcelona, shares Dr. Beck's opinion, and says that croup should not be confounded with diphtheria, whose symptoms and duration are very different. Croup is a disease more localized—more pertaining to children, and always produced by catarrhal causes. Diphtheria depends on a general disposition that determines the formation of false membranes, and affects most the lymphatic temperament. Necessarily the



treatment differs in the one case very much from the other. Croup is a catarrh ascending rather from the bronchial tubes or lungs than from the pharynx. Aconite, Ipecacuanha, Bryonia, and Mercury or some of their preparations, when there is ulceration, must be the treatment. Diphtheria, whose origin is poverty of the constituents of the blood, descends from the pharynx to the respiratory organs, and the most direct treatment he has found for the same is Mercury, and above all Arsenic.

Dr. Schoedler, of Berne, recommends, with Dr. Mark Jousset, the alternation of Cyanide of Mercury and Spongia. In the croup treatment it appears to him that the high dilutions work better than the low, and in cases where the latter have failed.

Dr. Vincent Léon Simón will not admit that croup is a local disease. It is a general disease, very dangerous and contagious. He sees no difference between diphtheria and croup except in situation. If the child's larynx is of preference affected it is a question of conformation, and of greater susceptibility of this organ in infancy.

It seems to prove the identity of both affections by the incident that diphtheria can be contracted side by side with one sick with croup, or *vice versa*.

#### PARALYSIS AGITANS.

*Session of Friday, August 23d.*—The President, Dr. P. Jousset, in the chair. The proceedings of the previous session were approved.

Dr. Imbert de la Touche read a paper on *Seven Observations on Cures of Senile Trembling and Paralysis Agitans*, following with an attack upon the regimen used in neurasthenia. The most famous classical authors consider this disease incurable.

He first referred to the case of a nun cured of trembling of the hands which had lasted fourteen years. Secondly, a lady of sixty years who had during three years a trembling in the limbs that Dr. Heichelheim cured with Bell.<sup>30</sup> and Sulph.<sup>6</sup>, alternated. Thirdly, a gentleman for four years had a trembling in the hands that impeded his writing or carrying a spoon directly to his mouth. *Rhus-tox.*<sup>18</sup> and afterward Silic.<sup>30</sup> helped him. He was completely cured by a dose of Bell.<sup>18</sup>, and after an interval of eight days a dose of Bell.<sup>30</sup>. Fourthly, he referred to an old man affected with senile tremblings, rapidly cured by Dr. Hughes with *Agaricus muscarius*. Fifthly, an old woman of sixty-one years with trembling of the head and left leg and tongue. At night she was obliged to walk to calm her agitation, which deprived her of sleep. Bell., *Nux-v.*, *Iodium*, *Secale*,

and *Crotalus* failed. Then Dr. Cramoisy had recourse to *Tarentula*<sup>12</sup>; that repeated with persistency and in different alternations produced a cure. Sixth, he referred to an octogenarian, treated by Dr. Gallavardin for paralysis agitans of the leg and right arm that he cured by advising abstinence from wine and meat, and giving *Nux-v.*<sup>30</sup> once a week, and later every fifteen days. Seventh, a clerk who had tremblings of the head, cured by abstinence from meat, wine, coffee, and tobacco, and giving *Carbo-veg.*<sup>2c</sup>.

Dr. Imbert de la Touche strongly insists with Dr. Gallavardin on abstinence from wine, coffee, and tobacco; wishing also to add meat, especially that of the ox, as, according to Leven, it excites the cerebrum and the nervous centres. These abstinences are recommended also in the treatment of neuroses, and particularly in neurasthenia.

Dr. Villers has cured a stubborn case of paralysis agitans with *Staphys.*<sup>30</sup>.

Dr. de Brasol adds to the medicine named by Dr. Imbert de la Touche, *Mercurius* and *Plumbum*.

Dr. P. Jousset explained that according to the order of the day, the papers of Drs. Gailliard, Pellicier, and Garcia Lopez should be considered, and, to aid the discussion, Dr. Rappaz's project should be included. We should not forget that honor has always constituted the strength of Homœopathy, which is accustomed to march boldly without concealing any of its proceedings, and he begged the speakers to be tolerant in the following discussions.

#### POLYPHARMACY AND THE SINGLE REMEDY.

Dr. Gailliard read his paper on *Polypharmacy*. Hahnemann came and destroyed polypharmacy that before his time ruled absolutely. According to his conceptions, mono-pharmacy consisted in prescribing one remedy only, or in the successive administration of simple remedies according to indications. Finally, never oppose but one single medicinal disease to a natural disease. The successive administration of single remedies has nothing to do with alternations or complexity of prescriptions.

The adversaries of the single-remedy principle, those who practice alternations and complex prescriptions, advocate the alternation method of various medicines—that is to say, oppose several medicaments to the natural disease. Some employ the alternation of the remedies as a resource that must disappear when the materia medica is better known; others accept it as an easy proceeding that dispenses with troublesome study and

reflection ; some others look on it as a reform that must be introduced, as a principle that must be propagated. These last are the dangerous ones.

Some alternate two or three remedies, others five to ten, some alternate daily, others each hour or every two hours, invoking for the support of their doctrine some passages of Hahnemann. They pretend that the alternation of several medicines works better on the several symptoms presented by the patient than when employing one remedy alone, which will cover only a few of the symptoms, and add that when it is a case that seems to correspond to several remedies, it is hard to make the exact selection.

The remedy that seems the most homœopathic must be selected. The partisans of alternation must prove to us the superiority of their method ; not by argument, but by observation. They say that if the cure is obtained by one alone of the medicines, it is a sign that the rest did not impede its operations. What do they know ? How do they know that the cure might not have been probably more rapidly made with one remedy alone properly selected ?

They believe that in certain alternations the medicaments mutually help, for having given under the same circumstances the single remedy and not having noted good results they have resorted to alternations. If they had selected one remedy alone truly homœopathic to the case in question, it is most probable that a good result would have been obtained.

They finally affirm that alternated medicines acquire especial virtues with new pathogenetic properties. This is precisely the best reason, adds Dr. Gailliard, against its practice. If the alternated medicines have not the pathogenetic properties of each of the separate medicines, its pure action remains obscure, and its use is in consequence prohibited.

Dr. Gailliard concludes by making it evident that the alternationist gives no rules for determinating the number of medicines that must be alternated, nor for establishing the frequency of the repetition, nor the intervals of rest, nor the duration of the alternation.

This subject has scarcely been skimmed, and we will return to it again. We have wished only to-day to raise the cry for vigilance. Defend Carthage !

Dr. Vincent Léon Simón says the question of alternation is a question of acts only which we cannot *à priori* either accept or reject.

At the London Congress of 1881, Messrs. Martin and Bernard



cited an observation in which *Nux-vom.* and *Opium* when prescribed separately had failed, and when alternated resulted in a speedy cure. The only method of resolving this subject would be to prove alternated medicines on the healthy man: until then, the question will remain in suspense.

#### MIXED MEDICINES IN ONE PRESCRIPTION ABSURD.

The same arguments could be applied to mixed medicines which Hahnemann did not absolutely condemn on condition that they were proved in a mixed state on the healthy man. Studies relating to some medicinal mineral-waters have already been made which are truly complex medicines.

Dr. Bonino says complex Homœopathy, Electro-Homœopathy, etc., made their début in 1862, when Dr. Belotti decided on introducing complex medicines and lent himself to a speculation used by his uncle, the Abbé Soleri. He adds that Dr. Conan, in saying that electricity had a part in Dr. Belotti's specifics, intended to depreciate them. It is not so.

Dr. Conan observes that he has quoted passages of Dr. Belotti with evident bibliographical preciseness.

Dr. Bonino, with the object of demonstrating that remedies that enter into complex compositions do not preserve their especial properties, selects two samples, sea-water and *Lycopodium*.

If the principal elements of the first—iodine, bromine, and chloride of sodium—are as effective in the mixture as when separated, we have then in sea-water an excellent remedy for syphilis, croup, etc., which does not prove true. And *Lycopodium*, containing *Silicea*, *Alumina*, *Ferrum*, etc., should have the action of *Silicea* on suppurations; of *Alumina* on the intestines; of *Ferrum* upon chlorosis, etc., which is not so. Complex medicines will only be admitted when their pathogenesis is made.

Dr. Léon Simón observes that there are three points to be examined: 1st. The alternation of medicines; 2d. The mixture of various homœopathic medicines in one prescription; 3d. The mixtures sold as secret remedies. He wishes, before all, to record

#### THE THREE ESSENTIAL PRECEPTS OF HOMŒOPATHIC THERAPEUTICS.

First. That a medicine is not truly appropriate for a determined case except when it can produce in the healthy man the same symptoms as the diseased one presents. Second. That the substance should be administered in the smallest dose possible. Third. That it is important not to have recourse to a second ther-

apeutic agent until the first has exhausted its action. We cannot thus absolutely condemn the alternation of medicines in acute diseases; their rapid progress and sudden and repeated transformations, in which the medicinal action is rapidly spent excuses the giving of two medicines, one after the other, at proximate intervals.\* A different thing happens in chronic diseases. The transformations are slow and the effects of therapeutic agents are prolonged during many days. Mixture of medicines in the same dose is truly more contrary to homœopathic precepts. All homœopaths of the first generation and those who are vain-glorious in being their disciples have never departed from monopharmacy.

#### DENUNCIATION OF MIXED PRESCRIPTIONS, ETC.

In such mixtures the remedy never acts as it would if alone. Each medicine is a force and the reunion of all forces constitutes a result. If its physiological effects are not known, if this mixture in question has not been proved on a healthy person, it is impossible to apply it according to the laws of the similars, and this makes it no longer a homœopathic medicine.

Before the compound formulas can be accepted it should be demonstrated in virtue of what principle the mixtures have been studied. And we should be shown how by the action of mixing several medicines their antidotal relations are avoided and even their chemical reaction. Until then to use complex medicines would be walking in the dark.

As to Electro-Homœopathy, it must not be confounded with Dr. Conan's experiments. What shall we say of them now when we treat of *secret remedies*? We know nothing of their composition nor their methods of preparation. They talk of white, red, and yellow electricity, etc., but most certainly no one has ever bottled electricity. Such remedies are not electricity.

Let them take whatever name they please for the system they recognize, but not that of the method which Hahnemann taught.

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\* The giving of medicines in sequence—that is, one after the other as indications arise, even though at short intervals—is not the same as alternation, and cannot be used as an excuse for practicing it. Just *how* short these intervals between repetitions must be will depend upon the closeness of the adaptation of the remedy to the condition of the patient, the confidence of the doctor in his own knowledge, and his courage in awaiting its effects even through an aggravation. Thus the knowledge and personal qualities of the doctor are drawn upon, and it is the value of these qualities that stamps the man and raises him to a high rank among his fellows in the profession, *determines his professional standing*. This was the secret of the success of the late lamented Dr. Adolph Lippe.—W. M. J.

All of us that accept the title of homœopathists and bear it with honor, declare "that homœopathic therapeutics does not contain any medicine whose physiological effects have not been verified by proving upon the healthy man, and whose pathogenesis is not well known." We loathe and condemn the fabrication, sale, and use of medicines whose nature, composition, and method of preparation are secret. Call themselves what they will, those who recommend such practice, (say) Electricians, if it please them; but let them leave us our title of homœopathists and Hahnemann's work the title of Homœopathy.

#### A PLEA FOR ALTERNATION.

Dr. Dudgeon says that monopharmacy is the theoretic perfection of homœopathic practice; but it is not always practicable, or cannot always be practiced; as diseases, being almost always complex, we need to use several remedies at a time, and it is not just to say that Hahnemann was an enemy to polypharmacy. Ægidi having proposed on certain occasions the mixture of various remedies, communicated his ideas to Hahnemann, who embraced them with distinction. Dr. Dudgeon has just translated some of Hahnemann's letters, written between 1813 and 1843. In one of them he speaks approvingly of the proceedings of Ægidi, and says that *Hepar-sulph.* is a composition of two medicines. Dr. Dudgeon believes that Hahnemann was not really so dogmatic as some of his disciples who are called Hahnemannians. Dr. Gailliard has made good arguments in favor of the administration of one medicine, but there are also equally good reasons in favor of the contrary.

Dr. Sanllehy thinks there is an easy solution of the case. Alternation must be distinguished from complex prescriptions. Hahnemann never opposed alternations, as he advised *Rhus* and *Bryonia* in typhoid fever. There is not perhaps one homœopath who does not alternate medicines. Hahnemann advises, in the first and second editions of his *Organon* the single remedy. In the third it was not such an affirmative, owing perhaps to Ægidi's influence; but he again did so in the fourth and fifth editions. The complex Homœopathy of Mattei, Sauter, etc., is mere quackery, and we might as well collect in one mixture alone all known medicines to oppose all known diseases, as to make a number of groups of remedies, as they do to-day.

#### DR. CONAN'S DEFENSE OF MIXED PRESCRIPTIONS.

Dr. Conan says: He alone is defending complex Homœopathy attacked by all the preceding speakers. He has been in-



duced to leave the method of the single remedy to employ complex medicines, by the method of Dr. Brunner's book, called *Medicine Based Upon the Examination of the Urine*. Seeking to discover a means to determine the selection of medicines, he examined the urine with a microscope, and was able to destroy the abnormal organic elements it contained with vegetable or mineral tinctures, adding a drop of sulphuric acid. He noted that ordinarily this examination of urine indicated three or four medicines, and he was thus induced to prescribe the remedies together.

Dr. Conan's investigations have demonstrated to him that various remedies are always necessary to cover a morbid state, and he has recognized that this grouping obeys a particular law—relative antagonism. Classical homœopathic books repeatedly recommend the administration of such a medicine after such another, and frequently the second remedy is the antidote of the first.

Dr. Conan deduces from this that complex medicines are demonstrated by clinics, by materia medica, and the human organism, and that a group of medicines is generally composed of substances that have in themselves an action analogous and antidotal.

Dr. Chapiel, of Bordeaux, asks if Dr. Conan's mixtures have been experimented with on the healthy man.

Dr. Conan replies that, knowing individually the action of each element of the mixture, he can deduce the action of the mixture in conjunction.

Dr. Chapiel says the employment of substances not proved in the healthy man is quackery, not Homœopathy.

Dr. P. Jousset notifies Dr. Conan that he has already spoken more than twelve minutes, and also read a pamphlet; he begs him to finish.

Dr. Conan says that his contradictors have enjoyed a greater latitude of time, and it is impossible in a few minutes to answer objections, expound his thesis, and finish.

#### A DECLARATION FOR PURE HOMŒOPATHY.

Dr. Cigliano begins by the remembrance of Hahnemann's hatred of polypharmacy, secret or divulged, whose promoters ignore the true concepts of Homœopathy. Hahnemann considered that pathology and physiology should remain subordinate to true medicine, which consists in experimental study of the remedy, and the selection of the same by the bedside of the patient.

For the selection of the remedy we must know the individuality of the symptoms of the patient, or what Hahnemann called the totality of the symptoms. This study of the symptoms must not be confounded with the pathological diagnosis, that gives a forced, stereotyped picture of disease. The most important part of medicine is the experimentation with medicines on the healthy man. This *materia medica* has for type pharmacological disease, and for law the individualization of symptoms determined by differences, conditions, and equivalent particulars for each medicine. Therapeutics have for their principle the law of the similars, and finally the selection of *one* medicine. Compound medicines are not worthy of consideration, as they have never been clinically proved nor experimented with upon the well man.

Dr. Cigliano hopes that this assembly of representatives of all nations will hoist very high the homœopathic banner, the only one in medicine that attacks impostures, unmasks charlatanism, and, finally, the only one that conduces to medical revolutions.

#### REPUDIATION OF ELECTRO-HOMŒOPATHY.

Dr. Jousset proposes to the Congress that they as a practical proposition vote the following :

*The members of the International Homœopathic Congress consider that Electro-Homœopathy consists in the administration of complex medicines, that in this form have not been experimented with upon the well man, and whose compositions and method of preparation are not exactly known. They condemn this doctrine, and declare that they have no relation whatever with Homœopathy.*

The vote was carried unanimously.

Dr. Wright, delegate of the American Institute of Homœopathy, announces that, together with himself, Professors Tod Helmuth, of New York, and McClelland, of Pittsburgh, have been chosen delegates. He does not consider himself a stranger in Paris, as in 1856 he studied in the clinics of Tessier, of Teste, and of Dr. Jousset. Europe gave the knowledge of Homœopathy to America, and there it has flourished and extended rapidly. The American Institute of Homœopathy sends a cordial invitation for the International Congress of 1891.

Dr. Jousset submits the following propositions, that were adopted :

The committee on organization are recommended to publish the proceedings and the papers according to the disposable funds, publishing all or those that have been subjects of discussion.

The committee is recommended to nominate a committee on pharmacology, according to M. Ecalle's proposition, as shortness of time has not allowed its discussion. Also nominating a commission charged with preparing for the Congress the question of the laws of doses, and the method of studying the materia medica.

After Dr. Jousset's thanking the assembly, the session closed at a quarter to seven.

### A CLINICAL CASE.

WM. STEINRAUF, M. D., ST. CHARLES, MO.

About ten months ago I was called to see E. B., a child of eight years, who had been sick for many weeks with chronic pleurisy. The pleura was filled with pus. Two physicians of the old school had attended the case during this time, and had dosed the child liberally with cathartics. Croton Oil to the chest, Quinine to keep down the fever, and Opium to procure sleep. They introduced an aspirating needle into the pleural cavity, but the pus was so thick it would not run. Death stared the child in the face, as he was reduced to a mere skeleton. The family now decided to send for a homœopathist, as he could do no harm if he did no good, and the boy would die in any event.

I was called to see the child on a fine April morning. The pulse was 130, and the temperature 103°. There was extreme dullness on the whole right side of the chest, a terrible cough, with a muco-purulent, horribly offensive expectoration; very exhausting night-sweats; no appetite; in short, the child was *in extremis*.

Now, here was a perplexing case. What could we do for such a child? There were no particular indications for any remedy, yet something must be done. I therefore dropped ten pellets of Sulphur<sup>30x</sup> into a tumbler half-full of water, and ordered a sip to be given to the patient every four hours, and the parents to report in three days. At the end of this period the fever had disappeared, the bowels had moved, the cough became less, and sleep returned. No more medicine was given. When I saw the boy again in four weeks, there was almost complete reabsorption of the purulent secretion in the thorax.

The patient has since continued well.



## CLINICAL CASES.

F. L. GRIFFITH, M. D., EDINA, MISSOURI.

For over a year I have read that valuable journal **THE HOMŒOPATHIC PHYSICIAN**; I have read it thoughtfully and with great interest. I cannot see how any pure homœopath can do without it, and the mongrel should take it in order to find out that he is not a homœopath, or anything else, though he poses serenely under the protecting wings of Homœopathy. He is proud of the name, it gives him prestige among intelligent people, but the poor fellow is too densely ignorant to know the first principles of a pure homœopathic prescription. "He uses Homœopathy till he finds it fails, then he resorts to *something else*," and he prescribes the *something else* about as intelligently as he did Homœopathy.

I will tell you, Dr. Mix-em-up, that you are a disgrace to our school, and I have heard intelligent, honorable allopaths say you also disgrace their school. Then where do you belong? Methinks I hear the poor honest old eclectic sigh heavily when he sees he has to receive you. I have been trying for the past few years to excuse the Mix-em-up doctors, but it is impossible, my charity is drawn out to the finest point, and contempt is now the most charitable feeling I have for them. They are sailing under false colors, and that which we try so hard to uphold is held responsible for their bungling work.

I am proud of the I. H. A., and hope some day to be a member of that grand organization. I would like to see them found a college in some convenient city (say Rochester, N. Y.) where nothing but the purest of Homœopathy shall be taught, and only members of the I. H. A. shall lecture in the institution; then would we have more pure homœopathic physicians.

Most of our colleges teach a very impure form of Homœopathy, consequently most of our doctors who become homœopaths must become such after leaving the colleges.

I believe any studious, intelligent homœopath will practice according to the law of Hahnemann.

All it requires is a thorough and impartial test. Oh! what beauty there is in it, and how grandly it fulfills our expectations!

Missouri has been a little backward in accepting Homœopathy, but we have now a few noble followers of the law, who are sowing the seed of truth, and ere long this will furnish abundant homes for true disciples of Hahnemann.

I would like to report a few clinical cases here, cases that were treated according to the *law* :

CASE I.—Mr. L.—æť. fifty-four, merchant and stock dealer ; tall, slender, black hair and keen eye, very wealthy, but is a physical wreck from business anxiety ; stomach revolts at the plainest kind of food. Distress in stomach after eating even a little ; sour stomach. About a month ago was attacked violently with la grippe, and the wise old Quinine vendor was called in to assist in the killing. After six days of dosing, the family had about given up all hopes of his recovery, but as a last resort they called in the homœopath. I found him so weak he could scarcely speak. Stupefying headache, hot head, cold feet and hands, extremely nervous, entire inability to sleep night or day, except perhaps a moment at a time, then his eyes would be half open. Great burning at anus. Redness and burning at orifice of urethra. Ears very red. One dose Sulph.<sup>200</sup>, dry, followed by S. L. in water every hour when awake. They did not have a chance to give a dose of the S. L. for nearly three hours, he having slept two and a half hours, and awoke feeling wonderfully better, and gradually improving ; a few days later he was troubled with chills which were stopped with Nux-v.<sup>30</sup>, three doses thirty minutes apart.

During all these days he had a violent cough, with profuse expectoration of thick, yellow, purulent material. One thing extremely peculiar about the cough was its regular periodicity, coming on about nine A. M., and stopping about one P. M. every day. He never coughed any except between those hours. I consulted Lippe's *Repertory* (as I do in all cases), and found on page 183, "Cough at same time every day, Lye., Sabad." One day, about three hours after the worst paroxysm he had had, I gave one dose of Sabad<sup>60</sup>, dry, followed by my friend S. L. Will you believe me, dear Hahnemannians, when I tell you he never coughed again ? This was as great a surprise to me as to the patient and the other members of his household. The stopping of such a cough with so much expectoration between the paroxysms seems incredible.

I am indebted to Dr. A. A. Whipple, of Quincy, Ill., for valuable assistance in the treatment of this case.

CASE II.—Mr. N., æť. thirty-six years. Chill at seven A. M., every other day. Before chill, boneache and thirst ; during chill thirst, headache, eyeache, aching all over ; chill begins in back ; nausea between chill and fever ; fever lasts all day ; extremely weak.

Patient had been suffering so much from chills for several

days that some of my friends persuaded him to try Homœopathy. I was called and found him with the above symptoms, but with no faith whatever in me. He said, "Doctor, I don't believe your sugar will cure such chills as I have. I am going to give you one trial to please my friends, and if you fail, I shall use Quinine, although that drug nearly kills me." As I was to have but one trial with this gentleman, I was extremely thankful for so plain a set of symptoms. All Hahnemannians know with what confidence I poured a few pellets on his tongue from my bottle of Eupat-perfol.<sup>cm</sup>. That was nine days ago, and he has taken nothing but S. L. since that dose of Eupat-perfol. Neither has he had any more chills.

Just such grand results encourage me in my determination to practice pure Homœopathy.

CASE III.—Was called five miles into the country to see an old lady who was suffering with excruciating pains in right side of abdomen; most intense in region of right ovary. Moving was unbearable. She was lying on the *painful* side. Her lips were very dry, and she was drinking large quantities of water. I will say here that she had sent for a squirt-gun doctor, but he was out, and I went instead. She begged me to inject Morphine, but I *would not*. She had called in her friends to see her die, but she did not die. One dose of Bry.<sup>72m</sup>, dry on the tongue. Before we could give her a dose of S. L. she was asleep—the first sleep for forty-eight hours. She woke after about three hours' good sleep. From that time she went on to rapid recovery. If five thousand Hahnemannians had to prescribe for that case there would have been five thousand prescriptions of Bryonia.

If all the old-school doctors in the country had to prescribe for her there would have been no two alike, except, perhaps, they would all have squirted Morphine into her.

All our cases are not such grand successes, but when we fail we take the blame on ourselves and not lay it on Homœopathy, as so many do. I find grand old *similia similibus* equal to all emergencies, and the results are most gratifying, indeed.



## THE WARD'S ISLAND "DIFFICULTY" IN NEW YORK.

Our readers will recollect the references made to this affair in the January number, pages 5 and 32. This "difficulty" has now assumed a new phase.

The New York County Homœopathic Medical Society, at a session held February 13th, preferred a set of "charges" against Dr. Egbert Guernsey, President of the Hospital Board, and Dr. E. Guernsey Rankin. These charges were briefly stated by the *New York Herald* of February 15th, thus:

"Charge No. 1 says that Dr. Guernsey has spoken sneeringly of Dr. Kellogg, who is a professor in the Homœopathic College, saying that he owed his position not to any merit he possessed, but to his qualifications as an astute wire-puller. Charge No. 2 cites the fact that the doctor has on various occasions, and with malice aforethought, said that the principles of the society were based, not upon truth, but upon misrepresentation and falsehood. Charge No. 3 avers that Dr. Guernsey has spoken of Dr. Allen with contempt in saying that he had given utterance to a falsehood. Dr. Guernsey is further charged with, from time to time, ridiculing the doctrine of Homœopathy in the medical journals of which he is editor, and with giving official utterances to thoughts not in keeping with the theory of *similia similibus curantur*. All of this, of course, is held to be contrary to the spirit of a true homœopath, and consequently worthy of censure. The complaint says of Dr. Rankin that he charged the society with having fallen into disrepute and being guilty of unprofessional proceedings. It is further alleged that he misrepresented the New York County Homœopathic Medical Society in an article he recently wrote for the press and has charged openly that the society was guilty of dishonest practices."

Upon these charges Drs. Guernsey and Rankin were formally summoned to stand trial before the official board of the society at a special meeting. This meeting was held on Friday evening, February 21st, in the rooms of the society. When the meeting was convened Drs. Guernsey and Rankin appeared loaded down with bundles of manuscript and accompanied by their lawyer. The defense was made by the lawyer for Dr. Guernsey. The defense denied that the society had any right to expel the doctors.

"On the supposition that a man can only be elected a member of the County Homœopathic Society by a three-fourths vote of the society, and there being no provision in the Constitution for expelling a member save one, which relates to expulsion for the non-payment of dues, he asked by virtue of what law he was to be removed from the organization."

We quote from the *New York Herald* of Feb. 22d :

"As to the statement that I and my friends contend simply for honesty and consistency of profession and practice, it simply brings up the old question of

the meaning of the word "homœopath." If a difference of opinion as to the proper definition of the word, if a difference of opinion as to the best policy to pursue for the highest interests of medical science is to render one liable to censure and expulsion by a society which was itself organized as a protest and a revolt against high-handed bigotry, dogmatism, and ostracism, I should be glad to have the world know it. Whether it is not creditable to the society or to myself to retain my membership in the society "because I believe in maintaining all our organizations as a school and would not weaken or abandon one of them" I leave to the society without comment. Further, of what section of the medical code is this a violation? What provision therein gives this body power to discipline me?

"The second charge," said Dr. Guernsey, "is based on so palpable a mistake of the types as to seriously call in question, if not the good faith of the complainants, certainly their intelligence. No one, it would seem, competent to conduct the ordinary affairs of life, unless blinded by zealous rage, would have based such a charge upon such a specification."

"The third charge relates to an editorial which he wrote for his journal, the *New York Medical Times*. In this article Dr. Allen, a professor in the Homœopathic College, was handled without gloves. The complaint against Dr. Guernsey states that in speaking of Dr. Allen he used these words, 'cowardly, atrocious and malicious lie.'

"Dr. Guernsey submitted the editorial in question with this unique explanation:

"I deny that I have published a 'wrongful and malicious attack upon Dr. Allen.' I admit that I published the words charged. They were the truthful expression of the fact. I do not palliate or excuse one word of what I published. My words properly characterized Dr. Allen's motion and action. What section of the code of ethics have I violated? What jurisdiction has this society on this matter? If I have 'published a wrongful and malicious attack' upon any one surely the courts of this State are open. Will this society take cognizance of such a matter as between two men? A publication made not at a meeting of the society, but openly to the world! The dignity of the society should require that outside personal controversies should be relegated to the public tribunals established by law to remedy whatever wrongs may have been suffered."

"In reference to another article, in which Dr. Guernsey intimated that Dr. Allen owed his position to his ability as a wire-puller and not to any special fitness he had for the office, Dr. Guernsey replied that the article was four years old, and not one of the society would call him to account for. The place to settle any such grievance, according to the doctor, was in a court of law. In reference to other articles where the doctor is charged with poking fun at honest Homœopathy, a general denial was entered as to the facts cited in the charges, with this interesting explanation by the doctor:

"Again, let us say that for differences of opinion, honestly held, there can be no words of condemnation; but the man who has not the courage of his opinion, the man who does not dare to throw aside his professional shams, who is dishonest with himself and therefore dishonest with others, who does not love truth for truth's sake, but rather for what it will yield, merits the contempt of honest folk, and has by his own acts ostracized himself from their numbers."

"Dr. Guernsey closed his statement by stating his position. He said he was still a good homœopath. He believed that the doctrine of *similia similibus curantur* was good as far as it went, but it did not by any means cover the whole field of medicine."

Dr. Rankin followed with his own defense, which closed in this style:

"I deny the power of the society to try me. I assert that I have had no trial. I affirm that I have committed no offense against the code of medical ethics which, if the society had the power to try me, would render me subject to its discipline."

In this struggle we see two factions holding a dispute as to which one is the true homœopath. Yet those of us who are familiar with the writings of both sides can hardly believe that either one of them clearly understands and practices pure Homœopathy.

The published utterances of the various combatants do not, in our humble opinion, display this fine knowledge. Take, for example, on the one hand, the definition of a homœopathic physician, referred to in the January number of this journal, at pages 5 and 45, and the remarks of the venerable Dr. Wells in this number.

On the other hand, take the editorials and other articles in the *New York Medical Times*.

In the light of these utterances, we do not yet see how sympathy can go out from the true Hahnemannians to either side in the controversy.

W. M. J.

## BOOK NOTICES.

### HOMŒOPATHY—A FEW THOUGHTS FOR THE INTELLIGENT.

By S. Mills Fowler, M. D., Gainesville, Texas.

This is the title of a tiny vest-pocket pamphlet published by Dr. Fowler, for private circulation among his patients. It is a very clever setting forth of the principles of Homœopathy, and very suitable for circulation among the laity.

W. M. J.

**SPINAL CONCUSSION:** *Surgically considered as a Cause of Spinal Injury, and Neurologically restricted to a certain Symptom Group, for which is suggested the designation, ERICHSEN'S DISEASE, as one form of the Traumatic Neuroses.* By S. V. Clevenger, M. D., etc. Philadelphia and London: F. A. Davis, 1889.

In view of the fact that the remote effects of spinal concussion may be worse than the immediate, and that much may be at stake in such cases, it behoves every physician to familiarize himself with what is known on this subject, that he may recognize the possible future condition. This book, with its illustrative cases from practice, adds to what has been known of the subject. Erichsen's labors in this field have stimulated the author to the production of this work, which we heartily commend to our readers.

G. H. C.



## NOTES AND NOTICES.

**CORRECTIONS.**—March number, page 119, sixth line from the bottom, for organization read *organism*. Same page, second line from bottom, for 51 M read 55 M. Page 120, thirteenth line from top, for 76 M read 70 M. Page 120, sixteenth line, for 51 M read 55 M.

**DR. WILLIAM S. GEE**, of Chicago, announces that he has associated with him in his practice Dr. H. C. Allen, of Ann Arbor, the well-known editor of *The Medical Advance*. Their office will be at 5401 Jefferson Avenue, from which address *The Advance* will hereafter be issued.

**REMOVALS.**—Dr. F. W. Grundman has removed from S. E. corner Jefferson Avenue and Washington Street, to 2344 Washington Street, St. Louis, Mo. Dr. J. Adams, from 150 Bays Street to 12 St. Patrick Street, Toronto, Canada. Dr. R. O. Harris, from Soldier, Kan., to Boonville, Mo. Dr. W. L. Reed, from 2309 to 2812 Washington Avenue, St. Louis. Dr. A. McNeil, from 220 Turk Street to 784 Van Ness Avenue, San Francisco. Dr. Clarence N. Payne, from Port Jervis, N. Y., to Bridgeport, Conn. Dr. H. C. Allen, from Ann Arbor, Michigan, to Hyde Park, Chicago. Dr. L. L. Helt, from Columbus, Ohio, to Franklin, Ohio.

**CHOLERA HAS APPEARED AT BAGDAD**, in Mesopotamia. Jews, Mohammedans, and Christians are fleeing before its grim features (under allopathic treatment) like chaff before the wind. If we have a visitation we predict that fewer lives will be lost under our treatment than under any other—for we have one of nature's laws to guide and strengthen us.

**THE AMERICAN INSTITUTE OF HOMOEOPATHY** will hold its next annual meeting at Waukesha, Wisconsin, at the "Fountain-Spring House," on Monday, the 16th of June, at 7.30 P. M. The President, Alfred I. Sawyer, M. D., has issued a circular announcing the order of business, and a list of interesting papers to be read.

**THE GRACE HOSPITAL, DETROIT, MICH.**—The next regular competitive examination for the position of Junior Assistant to the House Surgeon of the Grace Hospital, will be held at the Hospital on Thursday, April 10th, 1890, at four o'clock P. M. Term, eighteen months: first six months as junior assistant and apothecary; second six months as senior assistant and ambulance surgeon; third six months as house surgeon. Applicant must show evidence of graduation from a recognized homeopathic college. All applications must be addressed to the President of the Medical Board, Grace Hospital, Detroit, Mich., and must be accompanied by a certificate of good moral character. All applications must be presented not later than April 1st, 1890.

ROBERT H. SILLMAN, *Superintendent*.

**EXTRACT FROM A LETTER OF W. M. THACKERAY, 1849.**—"I am going to kill Mrs. Pendennis presently, and have her ill in this number. Minnie says, O papa! do make her well again; she can have a regular doctor and be almost dead, and then will come a homeopathic physician who will make her well, you know."

**TO BIOLOGICAL STUDENTS.**—From a desire to verify his own researches as to the causes of failing nutrition in aging organisms, the undersigned hereby offers three cash prizes of \$175, \$125, and \$100 for the best three comparative demonstrations, by means of microscopical slides, of the blood capillaries in young and in aged tissues, canine or human.

For particulars, address C. A. Stephens' Laboratory, Norway Lake, Maine.

**THE DOCTOR IMPOSED ON.**—Professor Bilroth, the famous Viennese surgeon, some time ago received a letter from a certain Jew in a small Russian town to come immediately and perform an operation. The professor in his answer stipulated for five thousand marks, which was promised him. The professor then repaired to the Russian town, and upon his arrival he was received by a number of Jews, who sorrowfully informed him that the gentleman that was to be operated upon had died, and had been buried already. And seeing that the professor felt perplexed and regretted the journey which he had made in vain, the Jews comforted him, saying: "There is yet some chance for you to make some money here. There are several sick men in our hospital who would require your services, for which each of them would willingly pay you one thousand marks."

The professor gladly accepted the offer, and after having performed about five operations the stipulated amount was handed to him. But a few minutes before starting for home the professor learned that he had resurrected the dead man. That worthy gentleman had been among the hospital patients cured for one thousand marks.—*Jewish Chronicle*.

**NEW YORK STATE MEDICAL SOCIETY.**—The State Medical Society in session at Albany, February 15th, unanimously adopted the following resolution:

"Resolved, That the members of the Medical Society of the State of New York, which has represented the medical profession of the State eighty-five years, without any reference to political opinions and affiliations, and merely guided by their scientific convictions as experts in medical matters and their sense of duty and the dictates of conscience as citizens, entreat and urge the members of the Legislature, without distinction of party or of local interest, to pass the bill referring to the pauper insane as presented by the State Charities Aid Association, and thus terminate a condition, the horrors of which, as detailed in the annual report of the State Commission in Lunacy, appear to be irretrievably connected with the county care of the insane."

The Society favor the passage of Senator Stadler's State Medical Board of Examiners' bill and recommend that the medical schools throughout the State add the study of Homœopathy to their respective courses.

About one hundred and seventy-five members sat down to the annual banquet of the Society at the Delavan House.

#### FUN FOR DOCTORS.

Galligan—"Doctor, haven't you been attending an old man Gilfullaw?"

Doctor—"Yes."

"How is he to-day?"

"He is beyond the reach of medical assistance, I fear."

"What? Is he dying?"

"Oh! no; he's broke."—*Medical Times*.

Doctor—"Well, my fine little fellow, you have got quite well again? I was sure that the pills I left for you would cure you. How did you take them, in water or in cake?"

"Oh! I used them in my blow-gun."—*Fliegende Blätter*.

A sure remedy.—"Did you ever call upon Dr. Banquet professionally?"

"Yes, once. I was drowning."

"Drowning?"

"Yes. He diagnosed my case on the instant, and wrote a prescription on a chip, which he threw into the water where I could get it."

"What was the prescription?"

"Swim."—*Life*.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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No. 5.

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## EDITORIALS.

MEDICINE AN EMPIRICAL ART.—“The practice of medicine is—even at its best—so empirical an art, the limitations of our best endeavors, when measured by our aspirations, are everywhere so narrow, that we should always be prepared to hail with joy any one department in which we discern *some* prospect of advancing with anything like scientific accuracy.

“Though pharmacology has made great strides in the past decade, though we are well acquainted with the physiological action, and even with the therapeutic value of drugs; yet, compared with the vast amount of labor already expended, how small, on the whole, is our success in combating disease by pharmaceutical agents.”

We deem it superfluous to say to any Hahnemannian that the above comes from a regular (?) practitioner, and is found in an old-school journal. If one had not seen the title of the article, which has the above for a beginning, certainly, one would think here, and at last, we are to learn something new regarding the treatment of disease.

But let us not be too much amused, even though it was written in connection with “THE PHYSIOLOGICAL TREATMENT OF OBESITY,” for we can thank the writer—or those who are too



fat should—for again calling attention to the importance of diet in obesity.

It is true that, even though we lay down rules of diet for many who wish to be thinner, they will keep on being fat, until we recognize that obesity in most cases is disease, and must be treated homœopathically in order to be mastered.

However, we may gain from such articles as the above mentioned much that goes to prove the truth of our position, based on Hahnemann's indefatigable labors.

In the same article the writer, speaking of errors that have obtained regarding the cause of obesity, says: "It is but another example of the observation to which all of us must have been often led, namely, that the most obvious and plausible explanations of natural phenomena are almost invariably incorrect." Hahnemann had something to say on this subject, and by turning to our February number, p. 56, there will be found a few lines that fit here admirably.

G. H. C.

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COLLEGES, JOURNALS, PHARMACIES.—So-called homœopathic colleges, homœopathic journals, and homœopathic pharmacies there are in abundance, but the doubt is, where is their Homœopathy?

We are willing to offer a reward for a college where any one may learn Homœopathy pure and simple, without any feeble imitation of allopathic teaching. We are willing to increase this reward for the purpose of having pointed out to us any journal purporting to be homœopathic, with the exception of Dr. T. S. Hoyne's *Medical Visitor* and THE HOMŒOPATHIC PHYSICIAN, which does not bear, either in its reading matter or advertisements, sufficient evidence to prove that it is prostituting the fair name of Homœopathy for the sake of a few dollars. As for pharmacies; are we safe in offering a larger reward to be shown one in which is not found all the makeshift appliances that are to be found in any ordinary drug-shop?

Indeed, in looking at the various journals bearing the title of homœopathic, hearing of the teachings in homœopathic (?) colleges, and seeing what is displayed in pharmacies, we can

only conclude that a conspiracy has been entered into among these various tradesmen for the purpose of belittling true Homœopathy.

To know what is taught in the colleges one needs only to read the journals. And in reading the journals one readily sees how few there are who understand the true meaning of the term Homœopathy. And the advertisements! Compare them with an old-school journal. There is little or no difference. Illustration? A monthly bearing the name of *Homœopathy* a short time ago, in an editorial, strongly indorsed an excellent paper on "Antisepticism." This paper wholly condemned the use of any and all so-called antiseptics except cleanliness. With this, of course, we are at one. But, a few pages from this editorial was to be found an advertisement of "Listerine." And the editor of that journal is its proprietor, and has control of its advertising pages! The same journal is now engaged in disseminating, through its advertising pages, a sure cure for all cases of rupture. And yet this editor claims to be a consistent disciple of Hahnemann! Is this consistent? We should like to ask, Is it honest? Is it honest to condemn in editorial pages as hurtful things that receive indorsement at the same hands by being admitted to the advertising pages?

Honesty includes FAITHFULNESS.

Again, in another journal, whose editor is a professor—a teacher—in a homœopathic (?) college, we sometimes see editorials which have the true ring. Then we read that this editor—this teacher (?)—for hemorrhage after labor gave material doses of Ergot. Is this honesty? is this faithfulness? And so we may go from one journal to another, and with the exceptions noticed above, we find but little Homœopathy and much eclecticism. We find one or two pages, perhaps, given to homœopathic matter, and the rest filled with old-school commendation of various mixtures for pathological names, which any one having but an intimation of what Homœopathy can do can only turn from with disgust.

If these journals have any excuse for being—aside from the dollars their advertisements bring—we should be glad to have

it shown us. Our vision does not extend so far as to enable us to see an excuse for them.

As for the pharmacies, we trust the time is not far distant when we shall have a truly homœopathic pharmacy; a place where only homœopathic appliances may be found; a place where we may be sure that our delicate remedies are prepared in a laboratory in which no mixtures of drugs are allowed, and where we may feel only that which is honest obtains.

We are not believers in boycotting, but we wish to ask if the time has not arrived for the followers of Hahnemann to take concerted measures to abate these dishonest practices which cling like barnacles to the good ship Homœopathy? G. H. C.

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“Occasionally a regular [Hahnemann knew of the regulars] brother practitioner stumbles by a lucky hit upon a cure which astonishes half the world about him, and not less himself; but among the many medicines he employed he is by no means sure which did good. Not less frequently does the neck-or-nothing practitioner, without a degree, whom the world calls a quack, make as great and wonderful a cure. But neither he nor yet his wonderful brother practitioner with a diploma knows how to eliminate the evident and fruitful truth which the cure contains. Neither can separate and record the medicine which certainly was of use out of the mass of useless and obstructing ones they employed; neither precisely indicates the case in which it did good, and in which it will certainly benefit again. Neither knows how to abstract a truth which will hold good in all future time, an appropriate, certain, unfailing remedy for every such case that may occur hereafter. His experience in this case, remarkable though it seemed, will almost never be of service to him in any other. All that we learn is that a helpful system of medicine is possible; but from these and a hundred other cases it is quite manifest that as yet it has not attained the rank of a science, that even the way has yet to be discovered how such a science is to be learned and taught. As far as we are concerned it cannot be said to exist.

“Meanwhile, among these brilliant but rare cures there are



many, vulgarly called *Pferdecuren* [horse cures], which, however great the noise they might make, are not of a character to be imitated, *salti mortali*, madly, desperate attempts by means of most powerful drugs in enormous doses, which brought the patient into the utmost imminent danger, in which life and death wrestled for the mastery, and in which a slight, unforeseen preponderance on the side of kind nature gave the fortunate turn to the case; the patient recovered and escaped from the very jaws of death.

"This cannot be the divine art, that like the mighty working of nature should effect the greatest deeds simply, mildly, and unobservably, by means of the smallest agencies."—Hahnemann, 1805.

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SEQUELÆ.—We have always claimed—and we know that we can prove—that no sequelæ follow diseases treated by our law of therapeutics.

Should other affections follow an original malady—that is, a state which is new to the patient—by questioning we shall find that the patient had previously gone through a similar, or allied, condition, and that he had been treated in a way that caused the condition to disappear. But it was not cured—merely suppressed. And we may thus prove Hahnemann's observations on this point correct. We need not stop here. We can prove, by the practice of every Hahnemannian, that our patients are not liable to various affections which we see follow upon some physiological process, and which are said to be a part of this process, plus microbes. Principal among these is puerperal fever. Although our own obstetric practice has been limited, yet we have had a number of cases, and in not one have we had puerperal fever to treat. And we have never stepped aside from our law and resorted to makeshifts. We have always treated abnormal symptoms by the use of the potentized remedy alone.

The testimony of all Hahnemannians is to the same effect. We shall be pleased to have our readers who have ever had any difficulty arise after labor—that is, any affection which is said to

be a concomitant of the puerperum—to give us their experience. In doing so, it will be of more value if we have given as complete a history of the case or cases, as is possible. And we shall be glad to have evidence which will strengthen the position we have taken on the subject. Thus we may learn just how far we are justified in maintaining that position. G. H. C.

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COINCIDENCES.—In the March number of *The American Homœopathist* is a series of clever editorials by Dr. Frank Kraft, having the above title for their theme. In the third one, on page 86, is the report of a case of gall-stone colic which so strongly recalls an experience of our own that we are induced to relate it.

It was a case of *renal colic* in a woman. The patient was nominally under the care of our honored friend and benefactor, the late Dr. Lippe. But as he was unable to continue in attendance, owing to sudden illness, the care of the case fell to our lot in common with all the rest of his practice.

The patient had had numerous and terrible attacks for many years. She had always been treated by physicians of the old school of medicine, or else by eclectic homœopathists. Consequently she had been liberally dosed with Morphine, until her arms were studded with painful nodes and her reason very nearly dethroned.

At last, in complete despair, her friends telegraphed a statement of the case to Dr. Lippe. We were present in his office when the telegram came. It completely filled three telegraphic blanks. Dr. Lippe advised *Lycopodium*, *high*. The effect was so remarkable that the patient came to Philadelphia shortly afterward to continue his treatment.

It was then that she fell under our notice. For, after an unusually long interval of peace, one of the attacks came on. We were hastily summoned, and found the patient groaning loudly, and writhing about the bed like a serpent. Her sister was vigorously pressing her closed fist into the right inguinal region. But the patient constantly exclaimed: "Sister, press harder!" We learned that only this *hard pressure gave relief, whilst a slight touch aggravated instantly*.

Upon this indication we gave Nux-vomica<sup>20</sup> in water. In ten minutes the patient was perfectly quiet. The relief was so remarkable and so quick that the patient accused us of giving Morphia. We had some difficulty in satisfying her suspicions.

"If you have given me Morphia," she added, "you may go out that door and not return, for I will never again take Morphia."

This was the last attack she experienced for some years. So here is another coincidence to offset the ambitious dispenser of lead quoted in the editorial.

W. M. J.

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## THE REPETITION OF THE DOSE.

DR. AD. LIPPE.

It has been often asked by beginners of the practice of Homœopathy, as well as by students, how often a dose of medicine should be repeated. *A priori*, no rules for the repetition of the dose can be laid down. In very acute diseases, one single dose may suffice, or it may be necessary to repeat the dose at very short intervals; in chronic diseases, one dose may act for days, weeks, and months, or it may become necessary to repeat the dose daily or oftener for a day, a week, or even for months. In all this the practitioner must be guided by his individual judgment. Individual judgment must not be mistaken for, or confounded with, individual opinion, individual whim, or individual caprice; these mistaken notions of inalienable rights to indulge in a licentious freedom of medical opinion and action are adverse to the scientific and sure guidance to which individual judgment submits. Individual judgment implies in this, as in every case in which a practical application of fundamental laws and rules is to be made, that the practical application left to the individual judgment of the practitioner of a science must positively be in harmony with the laws governing that science, and with the rules already established governing their practical application. In chemistry, as well as in all scientific pursuits, fundamental



rules and laws exist which must be followed, if the investigator expects to reach or obtain satisfactory results.

The individual judgment implies, therefore, that the practitioner has to judge in every given case for himself how previously established laws and rules, which he is supposed to have accepted when he attempts to practice, shall and must be applied. It will be clear to his mind that the very first rule ever laid down by HAHNEMANN, and accepted by his followers, respecting the repetition of the dose, is "*The dose must not be repeated till the action of the last dose administered has been fully exhausted.*" Accepting this as a sure guide, other questions present themselves to the thinking practitioner.

1st. What are the infallible indications showing the favorable action of a dose administered?

2d. What are the infallible indications that its action has been exhausted?

After the administration of a properly potentized homœopathic remedy, given singly and in a single dose, we see its effect in an acute disease very soon, often in a few minutes, and the more acute and the more severe the attack, the sooner may the development of the action of that dose be expected. The close observer will perceive, very soon after the administration of the dose, some auspicious symptoms showing him the action of the dose administered. Great distress and pains may suddenly, and for a short time, be aggravated, or may cease and sleep set in, or the stomach be relieved of its contents when it had been overloaded and suffering was caused by it, or mental anguish give place to quietude, the pulse may change for the better, the thermometer may show an improvement. If the action of the dose administered has once begun, and if even the improvement is slow but steady, then we know that the dose administered continues to develop its curative powers, or we may infer that the *vis medicatrix naturæ* once set to develop its health-restoring office, is still at work, and wants no other aid by medicine. In chronic diseases the action of the dose administered cannot develop such sudden effects; this would be contrary to the nature of a long-existing and deep-seated disease. If such a sudden

exhibition of the drug-action follows its administration ; if the improvement of the case is very rapid, then either the remedy acted as a palliative only, or was not rightly chosen ; or, if very similar and carefully chosen, such sudden improvement *generally* forebodes no good, a repetition rarely ever produces a perceptible improvement, and other ever so well-chosen remedies will cause rapid but short-lasting improvement. It is especially in chronic diseases that aggravations frequently follow the administration of a truly homœopathic remedy, and if new symptoms appear, of which the sick complained previously, then we may infer with almost positive certainty that the remedy is developing its curative powers. A very perceptible improvement, such as is acknowledged by the sick himself, very frequently does not take place in acute diseases before the third day ; this is to be accounted for, not by any pathological deductions, but by the fact that the sick-making powers of a single dose of a well-potentized drug; when taken by a healthy person, very frequently do not begin to show their effects until the third day after it has been taken ; the very attentive observer will in such cases have perceived very soon after its administration to the healthy the same auspicious symptoms he has learned to observe on the sick. A repetition of the dose before the one previously administered has developed its effects, or before its effects are exhausted, causes an interruption of the internal, to our perceptions and understandings, hidden, process in the interior of the organism, having for its object the restoring of the sick to health, therefore must be avoided : and, furthermore, such an untimely interference is invariably followed by results retarding a recovery, and may even at times so derange the action of the organism, striving to combat the existing disturbances, that the recovery may not only be retarded, but be made very doubtful.

We know that the curative powers of a dose administered have been exhausted when the improvement comes to a perfect standstill, especially in acute diseases ; a repetition of the same remedy may become necessary if the existing symptoms still indicate it. It was HAHNEMANN who advised us, in his *Chronic Diseases*, then to administer a *different potency*, but if new or other symptoms

present themselves, then *another remedy* has to be chosen. In chronic diseases especially will it happen that the symptoms for which the remedy has been administered have been entirely removed, but that in the course of time, often after some weeks, the same previously observed symptoms reappear in a modified form; in this case the action of the formerly administered dose continues, and a repetition would materially interfere with the cure. This can be accounted for by the fact, that persons who have suffered from a succession of symptoms from a single dose administered, found these symptoms disappear for a time, but that after days and sometimes after weeks the same symptoms reappeared in a modified form, without a repetition of the dose of the drug first taken. If a repetition of the dose becomes necessary because the effects of the last dose administered have been fully exhausted, it must again be left to the individual judgment of the physician in what manner this repetition should be made. If a dose administered has acted for a long time, in acute diseases for days, in chronic diseases for weeks or months, we may reasonably judge that it would be best to again administer one more single dose; but if the action of the dose has lasted only a comparatively short time, has been rapidly exhausted, especially in acute diseases, and a repetition appears still advisable, then it would almost always be better to dissolve a single dose of the remedy now to be repeated in some few ounces of water, and continue its administration in broken doses till it becomes evident that the action of the dose in this manner administered has fully set in, and the symptoms for which it was given are yielding to it, becoming lessened in every respect; in chronic diseases, the individual judgment of the physician may lead him to administer the remedy in daily doses or in many doses a day for a length of time, till it becomes evident that the symptoms are materially relieved, and then the action of the repeated doses will scarcely ever be exhausted in a short time, but will probably last for weeks and months.

The greatest care should be taken never to repeat the dose, or administer another remedy till the effects of the dose last taken have been exhausted. This dose may be, and often is, a single



dose, or it may be a dose dissolved in water and given at short intervals, or it may be a repetition of doses at short intervals, till some effect of this dose is apparent.

[The foregoing article from the pen of our lamented master and friend, the late Dr. Adolph Lippe, first appeared in 1878 in the pages of a journal called the *Organon*, published by the distinguished Dr. Thomas Skinner, now of London. It may be found at page 286 of volume I.

We consider the present a most fitting time for the republishing of this article, as the question which it treats was discussed in the International Congress, whose proceedings are given in our April number. It seems a comprehensive answer to the ideas advanced in the sessions of the Congress. To many of our readers it is new, and we are sure all will welcome it as being most instructive, and a reminder of one of the foremost men of the homœopathic school.—W. M. J.]

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## MARK TWAIN'S TRIBUTE TO HOMŒOPATHY.

In an article, contributed to *Harper's Monthly* for February, to which we have before called the attention of our readers in the March number, p. 141, Mark Twain writes, half humorously and half in earnest, upon "A Majestic Literary Fossil," and pays a deserved compliment to Homœopathy for the purifying work it has done in medicine. And this work has been done by pure Hahnemannian Homœopathy; not in the least by its weak eclectic imitator. That the compliment is deserved on the part of Homœopathy, any one may convince himself by studying the works upon both practice and materia medica, published and used by the old school during the past fifty years. In the earlier works he will read of all these ancient methods, which Mark Twain justly ridicules; in the works, recently issued, he will see crude imitations of homœopathic practice. The change has been not only in the amounts, the complexity, and the character of the ingredients used in their prescriptions, but also in the manner in which drugs are prescribed. As Mark

Twain says, this change has been an utter reversal, in a couple of generations, of an attitude which had been maintained without challenge or interruption from earliest antiquity. He writes :

"So recent is this change from a three or four thousand year twilight to the flash and glare of open day that I have walked in both, and yet am not old. Nothing is to-day as it was when I was an urchin ; but when I was an urchin, nothing was much different from what it had always been in this world. Take a single detail, for example—medicine. Galen could have come into my sick-room at any time during my first seven years—I mean any day when it wasn't fishing weather, and there wasn't any choice but school or sickness—and he could have sat down there and stood my doctor's watch without asking a question. He would have smelt around among the wilderness of cups and bottles and phials on the table and the shelves, and missed not a stench that used to gladden him two thousand years before, nor discovered one that was of a later date. He would have examined me, and run across only one disappointment—I was already salivated ; I would have him there ; for I was always salivated, Calomel was so cheap. He would get out his lancet then ; but I would have him again ; our family doctor didn't allow blood to accumulate in the system. However, he could take dipper and ladle, and freight me up with old familiar doses that had come down from Adam to his time and mine ; and he could go out with a wheelbarrow and gather weeds and offal, and build some more, while those others were getting in their work. And if our reverend doctor came and found him there, he would be dumb with awe, and would get down and worship him. Whereas if Galen should appear among us to-day, he could not stand anybody's watch ; he would inspire no awe ; he would be told he was a back-number, and it would surprise him to see that that fact counted against him, instead of in his favor. He wouldn't know our medicines ; he wouldn't know our practice ; and the first time he tried to introduce his own, we would hang him."

[After giving many examples of ancient practice, with its crude

ideas, its horrible mixtures, etc., the writer concludes by declaring :]

“ When you reflect that your own father had to take such medicines as the above, and that you would be taking them to-day yourself but for the introduction of Homœopathy, which forced the old-school doctor to stir around and learn something of a rational nature about his business, you may honestly feel grateful that Homœopathy survived the attempts of the allopathists to destroy it, even though you may never employ any physician but an allopathist while you live.”

If Homœopathy has done so much for mankind, is it not worth preserving in its purity and strength? E. J. L.

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### A PROTEST.

10 EAST 36TH STREET, NEW YORK, March 31st, 1890.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN.

GENTLEMEN :—I find myself compelled to write to you complaining of the unfair treatment your journal pursues toward me personally. It is extremely distasteful for me to do this, but, since for twenty-five years and more I have faithfully and conscientiously practiced and taught straight Homœopathy as I understand it, and have persistently, in season and out of season, antagonized mongrelism in all its forms, it is not quite fair to be attacked in the way in which your journal is used for that purpose. It would give me great pleasure at any time to answer *in the same number of the journal* any article reflecting upon my professional character.

Concerning my definition of a homœopathic physician, I have simply to say that it is unassailable. Dr. P. P. Wells has seen fit in the last number of your journal to refer to me as ignorant. This imputation is just. Probably no one has more critically or more steadily pursued the study of our materia medica for twenty-five years than I have, and to-day I am profoundly impressed with my own ignorance of it, and I find, which I am sorry to say, is not found by some others, that my charity to-



ward the opinions of others increases as my years increase. Dr. Wells chooses to refer as a parallel case to those who profess Christianity, and I think his reference is judicious. We call every one a Christian who professes himself as such and publicly unites with those professing a similar faith, and yet it is probable that no one lives a perfectly Christian life. The professing Christian does the best that he can, and in so doing is entitled to be called a professing Christian.

The rule of our Homœopathic Society in New York compels each one who unites with it to declare that he believes Homœopathy to be the best way of treating the sick ; and when a man publicly unites with the Society and signifies his assent to this proposition he publicly declares himself a homœopathist and does the best he can to practice Homœopathy, and therefore he must be known to the public as a homœopathic physician. Some practice Homœopathy more, some less, each according to his knowledge of the materia medica and his ability to apply it in practice. There can be no middle ground. A man believes Homœopathy the best practice, follows it as much as he can, and is entitled to be called a homœopathic physician. A man professing to be a Christian publicly acknowledges his faith, endeavors to live up to it and therefore is entitled to be called a Christian.

Furthermore, so far as my experience goes, there is no man trying to practice Homœopathy who always succeeds. I witness the most exclusive practitioners of our art reporting cures made with the highest potencies of a drug which has never been proved, whose indications are wholly clinical. This surely is not Homœopathy. It is certainly high potency allopathy. There is, I am sorry to see, an increasing tendency, even among those who use the highest potencies, to prescribe from clinical indications and to depart from the strict law of Homœopathy. All my life I have been fighting this tendency. Those who use low potencies and crude drugs are extremely liable to neglect the study of the materia medica and to over-dose their patients. Those who use the highest potencies fill our journals with reports of cures which are allopathic. Schusslerism has infected

every branch of our school. I was never more pained than when the late Dr. Hering in a way indorsed this practice. Cannot all of those who are devoted to Homœopathy and who believe that the best interests of the sick demand its perfect work unite in the advocacy of pure methods? Is it not possible so to exemplify its practice that every one will be convinced? Our enemies, the allopaths, sneer at us for our empiricism and our differences in the matter of the dose. We have a great mission. Let us not break ranks by calling each other names or imputing unworthy motives to those who follow our art.

In conclusion, I beg to make one more complaint, and that is in relation to the teaching of Homœopathy in New York. That I am incompetent to teach I freely acknowledge, but that so far as I am able to teach I must affirm Homœopathy is taught strictly and purely. The graduates of the New York College, from one chair at least, are thoroughly grounded in the best methods of practicing Homœopathy. They are taught pure symptomatology, that the best prescriptions are made from the symptoms of the patient and not from a pathological basis. They are taught the use of the single dose of any potency they may see fit to use, and they are cautioned in almost every lecture against over-dosing their patients. It must also be said that the New York College endeavors to instruct its students in all other methods in vogue in the profession. It would not have its students leave its halls ignorant of the methods pursued by other practitioners.

Besides, whatever may be said to the contrary, it is absolutely true that every physician in large practice is obliged to use other than homœopathic methods in the treatment of the sick, certainly not for their cure, but sometimes for their palliation when they cannot be cured. This practice will continue until our *materia medica* is so complete that every patient will be cured. Then there will be no longer any use for palliatives in any form, not even a hot-water bag or an electric battery.

Yours very truly,

T. F. ALLEN, M. D.

## WHAT IS THE SIMILLIMUM?

(Continued from January and March numbers.)

M. A. A. WOLFF, M. D., GAINESVILLE, TEXAS.

The patient again wrote as follows :

“ February 25th.—About ten days ago and fifteen days after menses began, I felt pain and soreness about the bladder, urinating very often, and this trouble has increased so that I am in bed. I suffer intense burning and throbbing just at the mouth and neck of the bladder, and there is enlargement of the little ‘ kernels ’ in the groin and about my waist. I feel as though a rope as large as my wrist had been bound around me and I cannot stand up straight nor take a deep breath or sneeze or cough for the pain, which just goes half-way from the middle in front round the left side to the middle of my back. My head aches in the right side with a clutching feeling, and there is an ache between my shoulders. I have noticed the amount and frequency of urine which I have passed in twelve hours through the night. I pass about half a teacupful of light-colored water with no sediment, only a milky look ; and was up nine times, passing it freely till it stopped, when the pain would make me suffer very severely. Had fever all night. About eight years ago I strained myself reaching up to adjust a stove-pipe, and a bad cold set in about the same time, and I became very sick with cystitis. I passed clots of blood as large as the end of my little finger every fifteen minutes, almost having a spasm when they passed. I have always been very sensitive in the region of the bladder since, and have had three attacks, though not so severe as the first. I have taken Cantharis and Apis.-mel. I cannot bear the weight of the bedclothes or a hand to touch me, and suffer greatly in my back. I expect menses Thursday (27th), but have felt no ache from that quarter yet. I used the sponge after menses, and on the 9th, 10th, and 11th nights after removing the sponge it smelled badly ; since then no odor, but my face has had several ugly pimples, mostly about chin.”



When Mr. — brought this report he stated that she had taken one of the powders given to have in readiness for menses (Mag.-phos.<sup>200</sup>). So I told him that she must wait for the effect, and gave no other prescription.

February 26th I received the following report: "I have had fever all night and still have it. While my body is very hot, cold chills are creeping over me all night. Intensely thirsty. Only had to get up one time in the night, suffering a little less pain each time; had severe headache all night and morning. No portion of my body seems to be free from pain (little hair-like pains), and my body is so sore I can hardly move. I have eaten nothing since day before yesterday. I was very stupid and sleepy all day yesterday, many times falling into a restless sleep. The dog jumped up against the bed and frightened me, and I broke out into a profuse perspiration, and the fever stopped for half an hour."

To this her mother, who had written the report after her dictation, added:

"Doctor, Mrs. — is a *very sick* woman and looks *very badly*, but she will not take any medicine, only what you sent her, for fear it will interfere with your remedies. I wished her to take Bryonia for her headache; please tell her if it will make a difference."

I answered to take nothing but what I prescribed, and sent Baptisia DMM, one powder.

I think it right to state here that after having had almost summer weather, the thermometer went down on the 25th P. M. from 60° to 40°, on the 26th to 20°, 27th P. M., to 16°.

On this day I was called to Mrs. —'s bedside at five P. M. Her mother stated that the medicine (Bapt.) had worked well, and that three hours after she had taken it she felt all right, but now—as I saw—her condition was somewhat like the last report. Repeated Baptisia.

March 3d.—Mr. — called in the office to tell me that his wife was up attending to her household affairs, and the menses, so far, had been all right without any trouble as usual.

## THE IMPORTANCE OF A DIAGNOSIS.

ILLUSTRATED BY CASES.

F. S. DAVIS, M. D., QUINCY, MASS.

(Read at the Meeting of the Organon Society, March 5th.)

I was called Tuesday P. M., February 18th, 1890, to William L. Powell, æt. three years, five months (mulatto), of Milton. Had been sick ten days.

Was at first inclined to lie down ; complained of headache ; face hot, tongue white, skin dry, thirst.

Was given castor-oil by mother, and diarrhœa set in ; stools yellow, with tenesmus. No appetite ; some nausea.

This condition continued, with higher fever, and Thursday he seemed to have pain all over ; more nausea ; complained of this aching pain in arms and hands, and was distressed in breathing. Would cry out with pain if he moved in sleep, and when awake. Would frequently cry out a sharp cry as if in pain, but would not tell its location. An allopathic physician was called in ; said he could not tell what it was ; left some powders, which he said would bring down the fever.

There was no change. Doctor came again ; said he could not tell anything about the cause of the pain ; would call again ; left no medicine. The father went to a drug store and got a powder, made of Sub. nit. of Bismuth and Opium, and they gave one or two of them. No better ; dull and stupid ; still crying out, particularly if moved ; called for nothing but drink ; had frequent stools. They sent word to the doctor not to come again, and telephoned for me.

I found the boy stupid, eyes heavy and dull, lips dry and cracked, corners of mouth sore. Tongue *brown and dry*. Temperature 102°, pulse 116, *skin dry, head hot and painful ; cries if moved, yet wants to be taken up*. Stools have been frequent, are yellow, some flatus, with tenesmus and pain. Diagnosis, typhoid rheumatic fever. Bry.<sup>200</sup>, one powder dry, and Sac.-lac.

February 19th, morning.—No fever, pulse 104. Less thirst.

Is very fretful ; cries out often ; wants to be held, but cries if attempt is made to move him. Frequent yawning ; corners of mouth sore ; lips covered with dry scabs. Picks at lips, causing bleeding. Eyes heavy and dull. Is so fretful nothing suits him ; will cry out if spoken to ; cries out in sleep, or when sitting. Feet have been swollen a little for two or three days. Urine highly colored. Pain is complained of in hips and knee. Mother says he complained of pain in legs, and mostly in left knee at first.

Will cry out if legs are moved, also when turning in bed. Continued with Sac.-lac.

Evening, February 19th.—More comfortable when sleeping ; less crying out ; less thirst. Has taken a little milk (first food taken). Stool only twice ; character same. As the boy was sleeping did not take temperature. Continued Sac.-lac.

February 20th, morning.—Better sleep ; less crying out in sleep ; no stool. *No fever* ; has called for an egg, and has eaten half of one with relish. Tongue cleaner. His mother says one half of his face is hot, the other cold ; noticed it last evening, and it continues to-day. Has been very fretful. Nothing is right for him. Wants to be held all the time, or carried about. Cham.<sup>200</sup>, one powder.

February 21st.—Better. Only a few times disturbed through the night by crying out. Bowels regular. More appetite. No fever. Tongue is now white as at first of sickness. Water blisters have appeared between the toes. Sac.-lac.

February 23d.—Up and dressed, sitting up ; makes no disturbance. Tongue clean. Eyes natural ; good appetite. Discharged cured.

The foregoing case of Master P., which I have read, has brought to my mind the question of the necessity of making a correct diagnosis, for answer and discussion.

I believe a diagnosis is important, but far from being necessary for a cure. Had Homœopathy not been able to meet the case on the basis of *totality of symptoms*, I should have been placed at a disadvantage in being unable to decide just the nature of the case, as was the allopathic physician. I would not



uphold any negligence of a thorough examination of each case, so that all conditions may be known so far as is possible. I believe it is our duty to take notes of all symptoms carefully, and I think it will quite certainly be found that in this way we shall arrive at a correct understanding of the case. Particularly will this be true if we give to each symptom its true interpretation.

Early in my practice I was called to a Mrs. R., æt. thirty-seven, who had suffered for years from dysmenorrhœa. I was particularly anxious to make a cure with remedies, for the lady was a strong homœopath, and so situated as to be of help to me by her recommendation. I felt quite sure of success, for I got plenty of symptoms, of which I have not now a record. Each time I prescribed I felt I must get a good result, but my failure was as marked as my hope of success had been strong. I confessed to my patient that I could give no reason for my failure, and would only make one more request, and if granted, and it gave no reason for failure I would admit that Homœopathy had failed at my hands. I was permitted to make a vaginal examination, which solved the question.

The neck of the womb was quite firmly united to the vaginal wall on the right side, the cord of attachment was a little less than one-half of an inch in length, and quite firm, and about a fourth of an inch in width. This adhesion accounted for the pain she had suffered "as of something tearing and pulling her to pieces." The neck of the womb could not enlarge or move except she felt inconvenience.

The symptoms were all removed by cutting this attachment.

Our failures to cure after careful study for the right remedy should lead us to still more careful examination of our case before deciding that our system of medicine is at fault.

Let no symptom be overlooked, and we shall be very likely to have our diagnosis with a sure guide to the true remedy.

If careful taking of notes in each case is made the rule, we are prepared for learning by our success what are guiding symptoms, and thus make our experience a sure help not only to ourselves but to others, by publication of these results.

## HOMŒOPATHY IN PAIN.

REV. J. K. MENDENHALL, SARATOGA, N. Y.

The charge is often made against Homœopathy that, while it answers a good purpose ordinarily, in cases of great pain it is either powerless or of small value. In an experience, covering more than thirty years, I have found exactly the reverse of this to be true, and propose to give a few cases out of many in corroboration of this assertion.

G. D., male, age fifty-five, subject for many years to severe sciatica, which came with unfailing regularity every week. The attack lasted thirty-six hours, reaching the height of severity in about fifteen hours, continuing in its intensity six or more hours, and then gradually diminishing till the final cessation of pain. Morphine alone gave him relief; this it did promptly, but its subsequent effects were so bad that he had come to dread them almost as much as the pain.

I saw him one day when the pain was approaching its height, the time he always took the Morphine; he was about to use it then. I begged him not to do so, asked a few questions and found Arsenicum well indicated; gave one dose (Jehnichen 40m) at five P. M. Inside of two hours there was a marked relief; he slept well that night, and next morning came before I was out of bed to thank me for saving him from the horrible pain and the baleful effect of Morphine.

At the end of a week premonitory symptoms of another attack made their appearance, but a single dose of the same remedy averted it; and further, during the remainder of my stay in that place, more than a month, there was no return.

It is worthy of note that in this case Ars.<sup>6</sup> had been used during the previous winter with no results.

H. T., male, age about fifty, subject for more than fifteen years to facial neuralgia, which came weekly, first on one side and the next week on the other. While the entire side of the face was involved the centre of pain was always in the eye.

The history of each attack was almost exactly like the preceding case. When the pain was at its height it produced what the patient himself called hysteria; he laughed and cried by turns.

This case had been treated by the best allopaths of Philadelphia and Baltimore, but with no results, for the gentleman refused to take Morphine. I saw him one day after he had been suffering some twelve hours, the "hysteria" was coming, the pains in the eyes were as if "*red-hot needles were thrust into it.*" At twelve o'clock, noon, one dose Ars. (Jehnichen 40m); by one P. M. there was an amelioration. At four P. M. on my return to his house the patient was dressed, absolutely free from pain, ready for a theological discussion, of which he was very fond, full of gratitude for the cure, and equally full of wonder at it. When he sent for me he was careful also to send word that he expected no results, for he had no confidence in Homœopathy.

Mrs. R. H., age about sixty, had severe neuralgia in back of neck. She had been under the care of one of the most distinguished neurologists (allopathic) in the United States for more than a month without even the very slightest benefit. As a last resort he gave her a bottle of Collis Brown's Chlorodine, with the remark that "possibly it might do her good."

One day she appealed to me, saying that she did not believe in Homœopathy, but was willing to try it. The symptoms seemed to indicate Ars., which was given, but without result. Next day Bell. seemed to be the remedy, but it did no good. The third morning I found her with tears running down her cheeks, *filled with despair*, sobbing and exclaiming that, "*Nothing could be done,*" and apparently on the verge of *madness*. I confidently gave her Veratrum-alb., and in six hours the cure was complete and permanent.



## REPLY TO "A SYNOPSIS OF A CASE OF HEMORRHOIDS."

E. W. BERRIDGE, M. D., LONDON, ENGLAND.

I do not usually take any notice of anonymous attacks, especially when they only show the ignorance or malice of their author, but as my silence might be misconstrued to the detriment of true Homœopathy, I will briefly reply.

(1.) My critic accuses me of prescribing *Phosph.* on October 16th, on the *one* symptom that the patient was worse when sitting or lying. He admits that Phosphorus is the only medicine recorded under that symptom in the *Repertory*, but yet refuses to look upon it as a keynote, and evidently thinks I ought not to have prescribed it. This is the first proof how carelessly he has read my paper. If he will again refer to the report on page 40 he will find that the patient wrote to me, and that the Phosphorus "much relieved her, entirely removing the following symptoms." To ordinary minds this would convey the idea that there were other symptoms indicative of the remedy besides the very peculiar one which I quoted *verbatim*. This was the case, though as I only subsequently copied into my case-book the very peculiar symptom recorded, I cannot now inform him what they were; he will doubtless find them in the *Materia Medica*.

(2.) He declares that in painful piles "it is almost impossible to sit down without pain, and lying down needs just as much care." I will only say that in my interleaved copy of Lippe's *Repertory* I have added the following symptoms (whether pathogenetic or clinical I cannot now say):

Hemorrhoids better when lying—*Am-c.*, *Arsen.*

" better by hard pressure—*Kali-c.*

" better by riding—*Kali-c.*

" better by sitting—*Arsen.*, *Laches.*

These *facts* hardly coincide with his *theories*.

(3.) He says *Phosph.* "does not give shooting pains in the

vagina near orifice." Possibly not, as far as our provings show at present, and, therefore, all the more reason for reporting the complete cure of the very peculiar symptom which has caused him so much concern. But *Phosphorus* has (*Lippe's Text-book*, p. 525), "stitches upward in the vagina into the pelvis."

(4.) He says: "As the wall of the vagina posteriorly is the wall of the rectum anteriorly it seems (!) to me that the diagnosis would have been more scientific and correct if the vagina had not been mentioned, as it had probably (!) little or nothing to do with the case." I would remind my critic that the pains in question were expressly stated to be "in vagina near orifice," and that between the orifice of the vagina and rectum is usually situated an anatomical region called the perineum. Besides, I may as well inform my critic that my patient was a very intelligent lady, a graduate in arts of a university, and quite sufficiently acquainted with anatomy to know the difference between her rectum and her vagina. But what does my critic make of the concluding part of the symptoms: "Needle pains in rectum, also near orifice, sometimes alternating with the vaginal pains, but more often independent"? Does not this graphic and minute description show that my patient could not have made the blunder of which she is accused?

(5.) He says piles "may pass off as this did for a time, by an increased action of the liver, producing bilious diarrhœa." But as there was no bilious diarrhœa in this case, but a contrary constipation, it is difficult to understand his argument.

(6.) He says the symptoms "all again point strongly to *Sulphur*, and yet this poor lady is kept suffering more or less from the 16th of October to 27th of December, when we are told her *climax* of pain came, and her *physician* saw he had committed a *fatal error* (why all these italics?) in giving *Kali-carb.* and then makes another by giving *Hamamelis*<sup>cm</sup>." Considering that I called this case, treated more than six years ago, "a confession and a warning," it is rather rough on me to accuse me of the errors I had admitted; but my critic has again showed that he has read the case very carelessly. As to whether *Sulphur* was the *simillimum* I need not enter; the *Materia Medica* is open to

the perusal of all the readers of THE HOMŒOPATHIC PHYSICIAN. But he has overlooked the fact that the patient was not entirely under my care; therefore, I am only responsible for my own prescriptions. Moreover, seeing that the patient was greatly relieved of the piles by *Phosph.* prescribed on October 16th, the accidental attack of sciatica removed by *Ammon.-carb.*, prescribed on October 28th, improvement commencing two or three days after the first dose of *Kali*, the patient's own words on December 19th being "feel myself improving from hour to hour;" to charge me with having "kept this poor lady suffering more or less from 16th October to 27th December" is scarcely an accurate way of putting it. Furthermore, the italicized word "*climax*" is scarcely the appropriate phrase in which to describe the aggravation following a marked improvement as the result of over-medication. Also, I did not confess a "*fatal error*" in giving *Kali-carb.*, which I still believe to have been the *simillimum*, but in repeating the dose after such a marked improvement. Neither did I confess to "*a fatal error*" in giving *Hamamelis*; I merely suggested that I was not now sure if it would not have been better simply to allow the over-action to pass off without interference. My critic has evidently forgotten the advice of an American celebrity, "First be sure you are right, then go ahead."

(7.) He says, "more than three months' treatment and absolutely nothing done." This is simply an insult to the understanding of his readers, if he thinks they can be so deceived by his reckless and unauthorized statements. Part of this time the patient was not under my care, and, moreover, had been subjected to treatments I disapproved of, as I clearly stated in my report; in spite of these drawbacks, however, very much good was done; and if I had not fallen into the error of giving too much medicine I believe the *Kali* would have completed the cure (I may here mention, as I omitted it in my report, that the patient would not wean her baby as soon as I advised).

(8.) To his remark on the symptom of *Silicea*, "stool feels as if it slipped back," I need answer little. This symptom has been so thoroughly established as a keynote for this medicine (what-



ever the "probability" of its cause may be) that it would be waste of time to quote authorities. But my critic seems to doubt whether *Silicea* did anything, or whether the relief was simply the effort of nature, I am not concerned about the matter; it is quite possible that the bowels would have got into proper order when allowed to act naturally, but seeing that a keynote of *Silicea* was present, and that the patient had fear of suicide I consider I did right to give it. But the most amusing part of his criticism is that he states that it took me "*three months to find the remedy*" for symptoms which had only existed for eleven days before I prescribed, and for which I prescribed the very first day they were reported to me. This logic is quite beyond me; perhaps the "Christian Scientists" can explain.

(9.) Finally he gives his theory of the case. He suggests the baby was "*a thirteen months' child*" (I am altogether too obtuse to see where this joke comes in), that "the piles gradually went away of themselves" ("gradually" is very inaccurate); and "the treatment they received not affecting them in the least" (which is simply at utter variance with the facts of the case). "So much for that *physician* who seems to think he can teach better and wiser men than himself." If my critic here refers to himself, he may rest assured I shall never think of ever accomplishing that feat till he has trained himself in the habits of careful reading and accurate quotations.

I have endeavored to find the true *animus* of his criticism, and I think I have found it in his complaint that it almost seems that he would rather have let the poor lady suffer than give anything short of a CM potency. "And this in the face of the fact that I successfully gave her *Amm.-carb.*<sup>200</sup>." But we all know the proverbial effect of a red rag on the male of the bovine species, and as he calls himself "Buffalo," he has evidently been so infuriated by this CM potency that he has closed his eyes, lowered his head, and charged down furiously upon me. However I think I have escaped being tossed on his horns, while he is left impaled on the horns of a dilemma, the charge of either careless criticism or intentional malice.

Let me hope that if he pursue this controversy further, he

will drop his disguise. Whoever he may be, I know that he is not one of the I. H. A., and for the opinion of the anti-Hahnemannians I have no regard whatever.

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## TWO CLINICAL CASES.

ROBERT FARLEY, M. D., PHOENIXVILLE, PA.

In an epidemic of pertussis during the past winter, I have experienced much difficulty in finding the homœopathic remedy. Finally I noticed that the paroxysms of cough were preceded by a fretful, anxious condition in some cases for fifteen minutes. With this symptom in the cases I was led to prescribe Cupr.-met.<sup>30</sup> with gratifying results, thus verifying the symptom, "anxious before cough."

In June of 1888, I was called to relieve a patient who had for many years been a sufferer from "hay fever." He suffered terribly during the summer and autumn. He would have sudden spells of suffocation at night, causing him to jump up, and only relieved by eating; would hastily eat anything he could get his hands on that was edible. In studying the case, I decided that Sang.-c. was the most similar remedy, and gave it in the thirtieth potency with almost instant relief, and there has been no return of his trouble to date, having passed through two summers. I report this because Sang. is not credited with the above relief from eating; Graph. being the only remedy having it that I could discover.

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## CLINICAL CASES.

G. W. SHERBINO, M. D., ABILENE, TEXAS.

CEPHALALGIA.—Reading some time ago in THE HOMŒOPATHIC PHYSICIAN of a case cured by Sepia, in having the sensation as though the neck were swollen or enlarged, I am led to report this case.

A lawyer's wife had suffered with headache and pain in the shoulders and side. There was nothing peculiar about the pain, but she said her neck was swelled. It felt that way, and she kept feeling her neck all the time I was in the house. I could see no enlargement. The pain was worse at night after lying down for awhile. It became worse in the morning when commencing to move about. As she was engaged about her work she was better. She always noticed it more when she was quiet. "She had no faith," but *Rhus-tox.<sup>cm</sup>*, two doses, cured her, faith and all, and she has remained well ever since.

**METRRORRHAGIA.**—A married lady had been flooding for three weeks from a miscarriage. She said: "At night I am troubled so about a peculiar feeling I have. I try to go to sleep, and I feel all the time as though I was '*standing on my head,*' or *that my feet and legs were in the bed, and my head was down on the floor.*" She had other symptoms. *Baptisia*, two doses of which relieved.

**CONCUSSION OF THE BRAIN.**—A man living twenty-five miles in the country was taken suddenly with unconsciousness. He does not remember getting out of bed, or eating breakfast. Left the table and went out to a wagon. He leaned his head upon a trunk-rack for a moment, then suddenly straightened himself up, and fell backward in a perfectly rigid state, striking his head upon the hard ground. He came to his senses about noon, and was brought home. I saw him in the evening. He complained of terrible pain throughout the back of the head, and all through the brain, of a bruised character. I gave him *Arnica<sup>cm</sup>*, one dose, and nothing else. The next morning the pain was all gone from the back of the head. He was ever so much better, only had slight pain in the frontal region. Next day entirely well. I have no reason for reporting the case further than for the potency used. One dose did the work. I want to put it on record for the benefit of the weak, and not let it die an ignominious death in the dark.

**POST-PARTUM HEMORRHAGE.**—Mrs. W. J., æt. eighteen, primipara, was taken with labor in the morning; gave birth to male child. Breech presentation. Labor lasted about twelve



hours ; the second stage three hours. Very hard labor. I used pressure of the abdomen with each pain, which helped her very much. I had no trouble to remove the after-birth. Soon afterward she said "I am flooding." I put my hand on the abdomen and found the uterus relaxed up as high as the umbilicus. I grasped the uterus with my hand and soon firm contraction came on, but in a few moments relaxation would take place. I gave Bell., as I thought it the remedy, but no relief. She thought the pain went from her back through to uterus or pubes. I gave Sabina, but it acted no better than Bell. Now she says, "Doctor, whenever a pain comes on I feel as if I wanted to get up ; my bowels feel as if they wanted to move." I gave *Nux-vom.*<sup>cm</sup>, one dose. I needed no more pressure over the uterus, as she said, "I feel better," and the hemorrhage was soon controlled. From this case we get the following deductions :

1st. The impossibility of curing with a remedy not indicated.

2d. There was no need of a hypodermic injection of fluid extract of Ergot.

3d. There was no need of dashing cold water over the abdomen, or packing the uterus with ice.

4th. She was cured pleasantly, safely, and speedily, according to Hahnemann's instructions.

**ACNE FACIALIS.**—Mr. —, æt. twenty, has had pimples on his face, especially the nose, too horrible to look at. Has had this for three years. Asked me several times to cure him. I told him I made no pretensions to curing pimples. The only symptom he had was profuse foot-sweat, fetid odor, cold and clammy in the winter. *Sanicula*<sup>51 m</sup> (Sk.), two doses, cured in one month, so that his face is perfectly smooth.

**CEPHALALGIA.**—Headache for two days. She says the pain commenced in the region of the supra-orbital nerve, passing back along the base of the brain and down her neck. The pain was all through her head. Eyes and lids were very red and swollen, and the pain was terrible ; worse from motion or moving the eyes. *Actea-rac.*<sup>41 m</sup>, one dose, cured. The pain in the region of the supra-orbital nerve is characteristic of this remedy.

CEPHALALGIA.—*Baptisia*<sup>dmm</sup> (Swan's).—Mrs. D., æt. thirty-five, has had headache for years. It comes once a month, and sometimes every week, lasts for several days. She took treatment from a "homœopath," who said that no medicine would ever do her any good. After a long search I obtained the following: She gets sleepy and stupid as the headache comes on, her hands are dead and no feeling in them. A loss of sensibility. Pillow feels hard. Cannot find an easy place to lay her head. Bed is so hard she cannot lie long in one place. *Baptisia*<sup>dmm</sup> (Swan). One dose relieved for three weeks. One dose at the commencement always relieves in a short time. She is now in better health than for years.

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## LA GRIPPE.

E. T. BALCH, M. D., SOUTH BEND, WASHINGTON.

With a zeal and pertinacity of purpose that is so characteristic of Eblis, the wily one, La Grippe came down upon us in full force, attacking right and left, front and rear, sparing neither weak or strong, young or old, rich or poor, saint or sinner—in fact, all grades and conditions of men were alike placed under its malign influence.

But in this highly favored coast country, where zymosis and fevers are almost unknown, where the enigmatical malaria has neither habitation or existence, the scourge was in a great measure robbed of its terrors; so much so, indeed, that very many cases passed safely through the siege, and recovered without any treatment whatever, either lay or professional, and where that damnable drug Quinine, that Moloch of modern scientific stupidity and ignorance, of brutal indifference to human suffering and life, had not been administered, sequelæ and complications have been very rare—mortality almost *nil*—and now La Grippe has left us for pastures new, leaving us the happier for the short acquaintance.

'Twould be tedious and in vain to give more than an outline

of the treatment pursued; suffice to say, that every case was carefully individualized, subjective and objective symptoms, mental and physical conditions noted, and especially unusual characteristic symptoms observed; then, and not till then was a prescription made or given according to the law Similia, always in a single dose, and generally in a high potency, and not repeated while improvement continued. Effects were prompt and relief marked in from one to eight hours.

'Tis worthy of notice that blondes suffered at the onset much more severely than the brunettes, although the action of the remedy was quicker, and recoveries more prompt with the former than with the latter.

Then may we not group our cases remedially? as the Acon. case, the Gels. case, and so through all the materia medica. Thus, if an Aconite case is sick from any cause whatever, *Acon.*, and *Acon.* alone is the remedy, the only one that will cure.

With us *Acon.*, *Gels.*, *Bry.*, and *Napthalin* were most generally indicated. Occasionally an unexpected remedy would come to the front, as *Lycopod.*, and to our astonishment it seemed to cure more rapidly than the generally prescribed drugs.

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## VERIFICATIONS.

E. T. BALCH, M. D., SOUTH BEND, WASHINGTON.

July 9th, 1889.—M., infant, one month. Spotted in a most interesting manner on scalp, face, and chest with ringworm (*tinea trichophytina*). Face pale, body cold, nurses fairly well, digestion good, sleeps mostly at night. Parents greatly annoyed; fear that child will be disfigured. *Sepia*,<sup>6</sup> one dose, dry on tongue. The mother being a blonde, decided to administer to the child direct.

July 10th.—*Sac.-lac.* three times a day in water.

July 14th.—Ringworms, dusky looking, many. Can be rubbed off. Continue *S. L.*



July 25th.—Child's skin clear ; only a few spots can be detected on chest. Continue treatment.

July 30th.—Perfectly well. Skin normal ; not a vestige of ringworm to be discovered.

Dismissed the case—cured.

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Miss Kate, aged eleven, brunette, tall, angular, with hectic flush, had been coughing some few days which finally culminated in croupous pneumonia with the characteristic dusky face, hurried respiration, and rusty-colored sputum. Temp.  $103-104\frac{1}{2}^{\circ}$ . Resp. 30-35. Pulse 125.40. Verat.-vir., Phos., and Bry. were each prescribed as indicated, but with negative results. The fever would not down, but like Banquo's ghost, was ever present to alarm and terrify the parents and endanger the life of the patient. Finally, on the ninth day, fearing the worst, I was urged by the parents to stay if only for one night, and as all the family were fatigued and worn out by long watching, I begged them to retire and took charge of the case myself. The outlook was serious enough, but toward midnight the patient became very restless, and, feeble as she was, I noticed she endeavored to uncover herself—would not tolerate clothing. This was plainly enough Sulph. So at midnight I gave Sulph.<sup>5</sup>, a dose. In forty-five minutes sweat appeared on the face. Temperature fell, respiration diminished, and by daylight when I called the parents I gave them joy by pronouncing her better, in fact, out of danger. Did the Sulph. arouse the dormant absorbents, and thereby enable the previous prescription to act?

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## WHAT SHALL A HOMŒOPATHIC PHYSICIAN READ?

WM. STEINRAUF, M. D., ST. CHARLES, MO.

The above is surely a very important question. There are most assuredly many good medical and other scientific works that may be studied with great advantage by a physician believing in the unerring law, *Similia similibus curantur*, but the question

of the utmost importance to us is, what must I study in order that I may safely, quickly, and surely cure my patients? This is the question of questions to every true and honest follower of the master.

There is such a multitude of new books continually advertised that it would cost a little fortune every year to buy them. And still a doctor that is so situated in this life that a few dollars more or less are of no moment to him should purchase every medical book published by our school and the best works by the dominant school as well, even if it has no other object than to make comparisons and draw conclusions. The only works by allopathic writers in my library are Da Costa on *Medical Diagnosis* and Flint on the same subject; all others are homœopathic.

What medical works shall a homœopathic physician read? Above all, he should read and study Hahnemann's *Organon*. It should be his constant companion. I have read it through four times within the last five years, and I think a young doctor should read it through once a year during the first ten years of his professional career in order to get a thorough understanding of the law. This is what Dr. Lippe once told me he had done. Next to the *Organon*, the *Chronic Diseases* and the *Materia Medica Pura* need to be well studied and consulted daily. These three works by the author of Homœopathy should be found in the library of every true homœopathist.

Singular there should be physicians that claim to practice our system, and laugh at these works as being out of date, etc., and still we know of such men. Shame upon such creatures!

Next to Father Hahnemann, the works of a Jahr and Benninghausen, a Hartmann and Rueckert are of inestimable value to the student of Homœopathy. Hartmann and Rueckert, as far as we know, have never been translated, but they may be studied by the German scholar with both pleasure and profit.

But, says one, these are all old books, out of date long ago. Well, even if they are old, what of it? Is the Bible not also old? The true homœopathist should study *old* and *new*, but preferably *old*. I well know some will laugh and sneer at this.

But let them laugh. "He who laughs last, laughs best." We must go back to Hahnemann, back to the fathers, back to the fountain to get Homœopathy pure and simple.

After studying these old masters, we must take up the different materia medicas of our time. Here Dunham's *Materia Medica* and his *Science of Therapeutics* demand our special attention. Hering's *Condensed*, Farrington's *Clinical Materia Medica*, and that grand new work of Allen's.

Hand-books of the materia medica must not be forgotten, for they are gems of the first water. Taken all in all the materia medica must be the principal study of the true homœopathist. All other works can only be used as accessory to this very important branch of our divine art.

## THE AMERICAN INSTITUTE, SESSION OF 1890.

### EDITOR HOMŒOPATHIC PHYSICIAN:

As already announced by circular to the members of the American Institute of Homœopathy, the next annual session of this body will be held at "Fountain Spring House," Waukesha, Wisconsin, commencing at 7.30 P. M., Monday, June 16th, and closing Friday, June 20th, 1890.

Waukesha, "The Saratoga of the West," famous for its "Bethesda," "Silurian," "Fountain," "Clysmic," and other mineral springs, is a town of six thousand inhabitants, situated about one hundred miles north of Chicago, and twenty miles west of Milwaukee, and directly on important lines of railroad. The hotel in which the session will be held is an immense stone and brick structure, capable of accommodating eight hundred guests, and furnished with all modern conveniences. It is situated in a beautiful park of one hundred and fifty-five acres, laid out with drives, shaded walks, flower gardens, etc., while the town itself presents numerous attractions to visitors in search of either health or pleasure.

The local Committee of Arrangements is making provision for the comfort and enjoyment of those who may attend the



session, such as to render the occasion one of the most memorable in the Institute's history.

Under the new rule, the Bureaus will present a far greater variety of subjects for discussion than heretofore, and the papers will embrace more of the observation and experience of their writers. Important subjects of professional interest will be introduced and acted upon, and interesting reports will be presented by several committees.

Any paper, after being presented at the session, may be published in the journals at the discretion of its writer. With a view to such outside publication, writers are especially requested to have their papers *in duplicate*.

Officers of homœopathic societies and institutions are urged to make prompt reports (on blanks which will shortly be sent to them) to the Bureau of Organization, Registration, and Statistics.

All hospitals and dispensaries, so reporting, will receive a pamphlet copy of the entire Statistical Report of the Institute.

It is desirable that the Institute should receive this year another large addition to its membership, particularly from the West and Northwest, in order to secure a more equal apportionment of membership as between the East and the West, and to augment the influence of our school in shaping legislation and defending the equal rights of homœopathists in public institutions, appointments, etc. It has been suggested that each State and local society should provide for a complete canvass of its membership in order to secure for itself a larger representation in the membership of the National Society. The initiation fee is two dollars, annual dues, five dollars, entitling the member to the annual volume of *Transactions*. Blank applications for membership can be obtained of the undersigned.

The Annual Circular, giving full details of the session, the programme, railroad fares, hotel rates, etc., will be issued in May. Any physician failing to receive a copy by May 25th, can obtain one on application to

PEMBERTON DUDLEY, *General Secretary*,  
S. W. Cor. 15th and Master Streets, Philadelphia.

## THE KANSAS CITY HOMŒOPATHIC COLLEGE.\*

KANSAS CITY, KANSAS, March 16th, 1890.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN:—I am glad to have recalled to your mind some recollections of the two Kansas Cities. One of them, as is well known, is Kansas City, Missouri, the other is just across the boundary line—the Kaw River—in Kansas. I live in the latter city. Great changes have taken place since you were here. Even in the three years that I have been a resident the improvement is wonderful.

To my mind, the rapid building up of attractive homes in the suburbs is the most interesting. But it is of a different subject I wish to tell you.

Two and a half years ago a Homœopathic Medical School was organized in Kansas City, Missouri, the Faculty composed of several physicians of that side of the river and three from this, who gave their services and advanced their money “for the good of the cause.”

Last Thursday evening I attended their second commencement, of which I inclose a programme.

The institution is now out of debt, with money in the treasury, and increasing facilities for instruction.

Of eighteen students six were graduates, of whom four were ladies.

The valedictory was far more interesting than those productions usually are, and the appearance and manner of the lady who read it added to the pleasing effect on the large and appreciative audience, warming the hearts of the women of our profession with gratified pride.

There are several allopathic schools in the city, but this is the first exclusively homœopathic institution.

Respectfully,

ANNETTE H. WAGGONER, M. D.

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\*We publish this interesting letter of Dr. Waggoner with the desire of calling the attention of the profession to the new college that is now flourishing in this part of our country, and to commend it to their good-will.

## NOTES ON THE CHARACTERISTICS OF ALOES.

WALTER M. JAMES, M. D., PHILADELPHIA.

**HEAD:** Vertigo with constipation (Dunham). Vertigo with pain in right hypochondrium and at angle of escapula; icteric complexion and bilious urine. Dull, heavy headache with congestion of the liver; weight pressing down forehead to root of nose. A peculiar heavy, dull, pressing pain in the forehead, of no great severity, but which indisposes to, or even incapacitates for all exertion, particularly intellectual labor (P. P. Wells).

Dunham says that Aloes produces a singular combination of anxious restlessness, despondency, indisposition to mental or bodily exertion, and confusion of intelligence.

Aching above forehead with heaviness of eyes and nausea.

Falling out of the hair in adults.

Pressing headache; pressure extends to root of nose or to temples.

Throbbing headache.

Compelled to make eyes small during pain in forehead, to enable him to see. Dunham cured an obstinate headache by attention to this symptom.

Aggravations of head symptoms in early morning or in the evening or from sedentary habits.

Amelioration of head symptoms by cold water and the discharge of flatus.

**HYPOCHONDRIA:** Pressure, tension, and discomfort in this region; a sensation of heat, pressure, and single severe stitches.

**ABDOMEN** distended with flatulence and there is fullness in the head and a sense of weight and dragging in the hypogastrium. Abdomen tender on pressure. Heaviness of abdomen extending to rectum and bladder.

**STOOL:** Violent tenesmus, with stools of bloody water; great faintness during and after each stool. Stool at first very small, then more free, then follows a half-fluid, light yellow offensive stool and at last yellow, watery diarrhœa (Dunham).



The patient has frequent calls to stool which pass away in "gobs" either large or small, in consistency like jelly-fish, usually dark in color but sometimes colorless (G.). Sharp pains in the bowels with large quantities of flatus with the stool; when passing wind often has a stool. Stools in consistency like jelly-cakes; a quantity of clear, jelly-like substances, which may be green or white and adhere like congealed mucus (G.).

Sense of insecurity in the bowels, as if diarrhoea might occur at any time.

Stools lumpy and watery.

Diarrhoea, with want of confidence in the sphincter ani. The rectum seems full of fluid, which feels heavy as if it would fall out (M.).

Sense of weakness in rectum and anus, as if the latter would be suddenly relaxed in spite of the patient's will, and permit escaping faeces (Dunham).

Morning diarrhoea; colic, nausea, chilliness, sudden and irresistible desire for stool; can hardly get to the water-closet, before a dark, almost black, offensive, and liquid stool passes off. Fear lest stool should escape with flatus; feeling as if thin stool would escape when passing urine.

With the passage of stool feeling as if more were at hand. Urging to stool after eating; when rising after lying; from standing; when urinating.

Stool preceded and accompanied by much gurgling and rolling of flatus in the abdomen.

Diarrhoea brought on by eating, especially breakfast (Dunham).

Fear to pass flatus lest stool shall escape (Dunham).

Fear to urinate lest the slight bearing down involved will cause involuntary movement of the bowels (Dunham).

The same state of things occurs with the sphincter of the bladder as with the sphincter ani (Dunham).

On rising, he is obliged to run quickly to urinate; can hardly retain the urine.

Frequent desire to urinate.

Frequent desire to stool.

Dysentery, stools frequent and very painful with burning tenesmus at extremity of rectum.

Fistula in ano.

Diarrhœa ten A. M. and ten P. M., stool falling out almost unnoticed.

Diarrhœa continues only after ten A. M. (Dunham).

Diarrhœa with pain; soreness and burning in the rectum. Stools copious and watery with much flatus.

Great exhaustion and faintness after stools.

Driven out of bed at two or three o'clock in the morning for stool; can hardly rise quick enough.

Diarrhœa in early morning, five A. M. (Dunham).

Flatus burning and offensive.

Hemorrhoids with little fæces, bleeding often and profusely. They protrude like grapes; sore on wiping after stool.

PERINEUM: Sensation of a weight and feeling as if a plug were wedged in between the symphysis pubis and os coccygeus. Affection of prostate gland (Dunham). Sensation of a plug as above, with urging to stool.

PELVIS: Heat, weight, pressure, and dragging downward.

The symptoms which seem to me most characteristic are those of the head and abdomen, stool and urine. They are those on which my use of Aloes in practice has been based (Dunham).

GENITALS: Fullness and heaviness in the region of the uterus.

Pressing down in rectum during menses. Profuse menses.

Symptoms worse in hot, damp weather.

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## BOOK NOTICES AND REVIEWS.

THREE YEARS' EXPERIENCE OF WATER PURIFICATION BY MEANS OF IRON, IN ANDERSON'S REVOLVING IRON PURIFIER. By E. Devonshire, Assoc. M. Inst. C. E., 3 Whitehall Place, London S. W., 1888.

This pamphlet of seventy pages and five large plates must, when its title is considered, at once arrest the attention of every practitioner of medicine.

In the July number of this journal, at page 310, we called attention to an

essay by Dr. Carrier, discussing the filter question. It will be recollected that he condemned all small filters, and gave a description of one at Berlin, the only one successful on the large scale.

In the pamphlet before us is a description of a most novel, yet simple, and altogether surprising method of purifying water for drinking purposes. It is nothing more or less than agitating the water with metallic iron.

We quote from the pamphlet:

"The principle of Anderson's Revolving Iron Purifier consists in the production of an intimate contact between metallic iron and the water to be purified, by the showering down of finely divided particles of the metal through an onward flowing stream of water."

To accomplish this result in a practical manner, the inventor provides a long iron cylinder of considerable diameter, that is supported horizontally upon two hollow axes. "Within the cylinder is a series of short, curved shelves, arranged in steps at equal distances round its circumference, and reaching from end to end." Into this cylinder iron in a moderately fine state of division is introduced, and spread along the bottom in sufficient quantity to occupy one-tenth of its capacity. Water is allowed to flow into the cylinder through the hollow axle, or trunnion, at one end, and permitted to escape through the other. A small engine causes the cylinder to revolve slowly, and the steps scoop up portions of the iron particles, and carry them up to the highest point of rotation, when they fall down, and, descending through the water, are arrested at the lowest point, there to be once more lifted up and allowed to drop. This process is going on continuously. The iron falling through the water purifies it, removing color, destroying bacteria and the albuminous ammonia upon which they subsist, and causing it to become limpid, even brilliant, colorless, and free from taste or smell. This result may be attained with any ordinary water "which the slowest practicable filtration through sand is powerless to render clear and bright." Portions of iron are, of course, oxidized and dissolved in the water, giving it a strong metallic taste. This is gotten rid of by exposing the water to the air, in order that the dissolved iron may oxidize. The plan for accomplishing this end is by directing it through shallow troughs to filter beds of sand, where the water stands three or four feet deep, so that it may take six hours before it reaches the sand. The sand arrests the sesquioxide of iron thus formed, and the water finally enters the reservoir, as before stated, limpid and pure.

If the water be very highly colored, as with peat, it needs a great deal of aeration to completely abolish color and opalescence.

To accomplish this, air may be pumped into the water and the water permitted to fall in cascades down a series of steps built of coke.

Air is carefully excluded from the revolving cylinder, however, and the current of water flowing through kept uniform. The iron particles under these circumstances do not rust, the continual attrition keeping their surfaces bright and smooth, and the cylinder itself entirely free from rust and scale. The best form of iron is the scrap-iron called "burrs" coming from punching machines.

The chemical theory of the process appears to be "one of reduction, to be



followed, on the water leaving the apparatus, by one of oxidation." The carbonic acid contained in the impure water acts upon the metal, forming carbonate of iron. On being exposed to the air, the ferrous salt is oxidized and converted into the insoluble ferric oxide ( $\text{Fe}_2\text{O}_3$ ), the carbonic acid being liberated and escaping in the form of gas. From this it will be seen that proper *aeration after purification* is indispensable to complete the process. It is found that in most cases four hours' exposure to air is ample to completely precipitate all dissolved iron, which is then easily removed from the water by rapid mechanical filtration, no trace of iron remaining in the purified and filtered water.

The process has been brilliantly successful with the water of the Nile, which is charged with mud in so fine a state of subdivision that it defies any practical method of filtration.

The three years' experience with this process were obtained by practice upon the impure and highly colored waters of the river Nethe, which supplies the city of Antwerp.

The author of the book under notice is the resident engineer and manager of the Antwerp Water-works Company, limited.

He is at present traveling through the United States, endeavoring to introduce his system into the large cities. March 19th, he delivered an interesting lecture upon the subject in the Franklin Institute of Philadelphia.

The reflecting physician will find much food for thought upon the effect which this process of purifying water has upon health. W. M. J.

CONSUMPTION: ITS CAUSE AND NATURE, by Rollin R. Gregg, M. D., to which is added THE THERAPEUTICS OF TUBERCULOUS AFFECTIONS, by H. C. Allen, M. D. Ann Arbor, Michigan, 1889.

When it was announced that this work was to be after the plan of Bell on *Diarrhea and Dysentery*, we looked forward to possessing a book that would do as much for us in that scourge, consumption, as Bell's work does for us in treating morbid discharges from the bowels. We regret to say we are disappointed.

In the first part of the work is given Dr. Gregg's pet theory: that this and other affections are due to a loss of albumen through diseased mucous membranes.

Although this is elaborately set forth, and many authors quoted to bolster up this idea, we are obliged to say that it is but theory, and the arguments advanced are not convincing. While it is well known that there is great loss of albumen in this malady, as well as in many others, if we were to give any theorizing to the subject, we should ask: Why this loss? Dr. Gregg says because of the "diseased mucous membranes." But the why of the diseased mucous membranes is the pertinent and important question. When we reach this point we are approaching a question that is not answerable. Certainly it is not answered on p. 58, where the author says: "Whatever else the consumptive may have inherited of actual disease, or a tendency to it, he inherits

a characteristic weakness of the mucous membranes, or a great liability to catarrhal irritations arising therein upon slight provocations, from moderate as well as from severe colds, and the like. . . ."

"Secondly. When chronic skin diseases are treated locally, and thereby removed from the surface, no other result follows, except that they are driven inwardly to locate upon the mucous membranes, where they go into immediate chronic catarrhal disease. . . ." All this is true of some cases, but a very large number of consumptives never present any skin diseases, and in many catarrhal affections do not appear until the deposition of tubercles. We can see the theory may hold good as to some, but it has no relation whatever to others. Indeed the author himself casts doubt upon the whole question, at p. 169, in these words: "If the cause of consumption is the loss of albumen from the blood through irritated and abraded mucous membranes, as must be conceded on the evidence presented to be at least highly probable, then the curing of the cause—that is, properly healing all the mucous surfaces that are diseased—must of a necessity put a stop to the further production of tubercles and the whole category of attending conditions and sufferings. Of this there can be no reasonable question, provided always, of course, that the real cause has been fathomed and is the loss of albumen as described." If we had been impressed with the theory before reading this paragraph we certainly should begin to doubt its correctness after reading it.

Fortunately—thanks to the genius of Hahnemann—we need pay little attention to any theory regarding the nature of disease. Simply, we can *know* nothing about it. While we may be familiar with the structural changes caused by disease, when we approach the problem of the cause and nature of the various maladies we advance to an insolvable problem.

When we come to the part of the work which gives us the therapeutics we can have no doubt. No one who has put Hahnemannian Homœopathy to the test need have any uncertainty here.

As we have said above, we are disappointed in this work. Not for what is given, however, but for the omissions. We feel that the editor of the work has not furnished all that could be had ready to hand for the taking. We are thankful for what he has done, and we trust that at no distant day he will go farther and give us more.

G. H. C.

**THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX FOR 1890.** Edited by P. W. Williams, M. D., Secretary of Staff, assisted by a corps of thirty-six collaborators—European and American—specialists in their several departments. 600 octavo pages. Illustrated. \$2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The eighth yearly issue of this handy reference one-volume manual is at hand. In its Alphabetical Index of New Remedies and its Dictionary of New Treatment it richly deserves and perpetuates the well-earned reputation of its predecessors. In this volume its corps of department editors has been

largely increased, and important papers upon Thermo-Therapeutics, Electro-Therapeutics, Sanitary Science in city and country, and the Medical Examiner in Life Insurance are features of special interest. It is truly a helpful volume, a *résumé* of the year's progress in medicine, keeping the busy practitioner abreast of the times with reference to the medical literature of the world. While there is a generous increase in size and material, the price remains the same, \$2.75.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY  
OF NEW YORK FOR 1889, and TRANSACTIONS HOMŒO-  
PATHIC MEDICAL SOCIETY OF PENNSYLVANIA FOR 1889.

We have received the *Transactions of the Homœopathic Medical Society of New York for 1889*, also *Transactions of the Homœopathic Medical Society of Pennsylvania for 1889*. Both volumes contain mixtures of allopathic and homœopathic treatment. In the last named we notice one gentleman, who calls himself a follower of Hahnemann, for uterine hemorrhage following placenta prævia, "gave every conceivable remedy indicated in such cases. Ergot in full doses had no effect. Finally, after he had given about ten drops of Bovinine to nourish the patient, he felt the uterus grow firmer, and on repeating the dose several times, he had the satisfaction to find the hemorrhage cease."

QUERY: If instead of giving "every conceivable remedy" he had followed Hahnemann's directions and given the *right* remedy, would he have needed Ergot or anything else? If only these people would use nothing more hurtful than Bovinine!

INFLUENZA AND COMMON COLDS; THE CAUSES, CHARACTER,  
AND TREATMENT OF EACH. By W. T. Ferrie, M. D.  
Percival & Co., King Street, Covent Garden, London, 1890.  
Price, 2 shillings.

This little book is mainly intended for the laity. The descriptions of the affections treated are terse and all that can be desired for the use intended. The treatment advised is a mixture of Homœopathy and allopathy. Still we may learn some useful hints from its pages. G. H. C.

EVERY THURSDAY; An Illustrated Family Journal. Pub-  
lished by Charles Robinson, 150 Fifth Avenue, New York  
City. Subscription, \$2.50 per year; to clergymen, \$2.00.

The first number of this neat weekly is before us. It contains a variety of literary articles all very interesting. Among these may be mentioned the following: "William Cullen Bryant's Hymns," "Provincialisms," "Eyes and Ears," "Love as an Embodiment in God," "International Sunday-School Lesson," "White Suns," a story in two parts; "The Oldest Sculpture in the World," etc. There are several very excellent illustrations. W. M. J.



THE CONCORDANCE REPERTORY OF THE MORE CHARACTER-  
ISTIC SYMPTOMS OF THE MATERIA MEDICA. By William  
D. Gentry, M. D. Vol. I. New York : A. L. Chatterton  
& Co.

We are in receipt of the first volume of this laborious work. It contains mind and disposition, head and scalp, eyes, ears, nose, face.

For this work the author deserves the gratitude and praise of every follower of Hahnemann, not one of whom can afford to be without it. As the title implies, it is a concordance.

The work is dedicated "to all students of materia medica, and to all engaged in the practice of medicine according to the law of *Similia similibus curantur*." To all of these we say that it is unique, and fulfils all the claims made for it, and if we were to fill pages with commendations we could say no more than that. Dr. Gentry will please accept our hearty thanks, and we assure him we shall look forward to the completion of the work. G. H. C.

THE TREATMENT OF SNAKE-BITES. DR. S. WEIR MITCHELL'S UNDIGNIFIED DIG AT HOMŒOPATHY. By Wm. B. Clarke, M. D., Indianapolis, Indiana, Secretary of Indiana Institute of Homœopathy.

This is a pamphlet of seven pages containing an answer to the slurring allusion to Homœopathy contained in Dr. Mitchell's article upon "The Poison of Serpents," in the *Century Magazine* last August. In the course of his answer, Dr. Clarke shows that alcohol is not a perfectly reliable remedy for snake-bite, but that in California there grows a weed, a species of the plant euphorbia, which is a safe remedy.

He also shows that venomous snakes carry in their gall bladder an antidote to their own poison. The Lachesis poison may be antidoted with tincture of Aristolochia Columbiana. To the poison of the rattlesnake there is said to be an antidote in a common plant called Hyssop.

A strong alkali will, when applied without delay to a snake-bite, destroy the venom. Hence the value of Ammonium-carbonate, the dry powder of which should be stuffed into the wound and small dissolved doses taken internally.

The local application of crystals of Permanganate of Potassa, preferably by injection, will kill the venom in a snake-bite. This is the proposition of Dr. Lacerda, of Rio Janeiro, and the Emperor of Brazil gave him a present of \$25,000 in gold for his discovery. W. M. J.

REGULATION OF TRAVEL AND TRAFFIC, PENNSYLVANIA  
STATE BOARD OF HEALTH.

This is a pamphlet which gives the rules permitting the transportation of dead bodies from one place to another, with directions how to get a permit, etc.

HOMŒOPATHIC PRESCRIPTION. A conversation by M. A. A. Wolff, M. D., Gainesville, Texas.

This is a tract upon Homœopathy, originally published as an article contributed to *The People's Journal of Health*. It was so much liked that the author was induced to publish it as a tract. It is written in the manner of a dialogue between a doctor and his patient. Doctors who wish to hand it around among their patients can have it in quantity, with their professional card attached, for \$4.50 per thousand, by applying to the printer, George T. Yates, Gainesville, Texas.

PRECAUTIONS AGAINST CONSUMPTION; CIRCULAR No. 20, PENNA. BOARD OF HEALTH. By Dr. Benjamin Lee, Secretary.

This well-written pamphlet, designed for distribution among the laity, assumes that the cause of consumption is indisputably the bacillus. Upon this it proposes a series of precautions, which are about as follow: Avoid eating meat of cattle known to be tuberculous; avoid living in damp situations or a house having a damp or foul cellar; avoid crowded or ill-ventilated assembly rooms; avoid sleeping in poorly-ventilated apartments; avoid sedentary occupations within-doors.

As drying does not destroy the bacillus, consumptives should avoid spitting where the expectoration may become dry and blown about, and so inhaled. The expectoration should be deposited in a paper cup, that may be bought at drug stores, and burned. When away from home the patient should carry with him a flask containing a five per cent. solution of Carbolic acid or Corrosive Sublimate with which to destroy the infection of his expectoration.

No spittoon should be emptied upon the surface of the ground where domestic animals can get at it. The ordinary spittoon filled with sand or sawdust and found in public houses should be abolished. A consumptive mother should not nurse her own child. The feather duster should not be used about the room occupied by the consumptive. The floor, wood-work, and furniture should be cleaned by wiping with a damp cloth. The patient's clothing should be kept by itself and boiled when washed. Ventilation should not be neglected.

After death the wood-work, furniture, etc., of the room should be disinfected with a solution of Carbolic acid or Corrosive Sublimate. The bed clothing should be disinfected with super-heated steam.

At public houses only china or metallic spittoons should be used, charged with some disinfectant.

The author concludes:

"Should the recommendations of this circular be generally followed, the expectation is not Utopian that the present generation may witness a very considerable reduction in the ravages of what has been not unappropriately termed 'The Great White Plague.'"

W. M. J.

### A CORRECTOR CORRECTED ; *The Boston Evening Transcript*, March 22d.

This is the title to a very clever letter to the editor of the *Transcript*, and signed "A Hahnemannian Homœopathist." It is evidently from the pen of our well-known friend Dr. Samuel A. Kimball.

It will be remembered that in the March number, at page 141, we called attention to an article by Mark Twain in *Harper's*, upon Homœopathy. The same article is again considered in the present number at page 203.

It seems that some "corrector" of allopathic partialities took Mark Twain to task on account of his preferences for Homœopathy. He brought up the old accusation that Hahnemann attributed seven-eighths of the diseases of humanity to *the itch*.

The letter here referred to is a caustic and conclusive answer to the exceptions of "Corrector."

W. M. J.

### THE NEW REMEDIES ; A Bi-Monthly Epitome of Progress in Homœopathic Materia Medica and Therapeutics. Edited by James E. Gross, M. D. Gross & Delbridge, 48 Madison Street, Chicago. Subscription, 50 cents a year.

The fourth number of this new journal is before us.

It contains sixteen pages. The title-page informs us that the contributors are Edwin M. Hale, M. D., Robert N. Tooker, M. D., J. H. Buffum, M. D., A. C. Cowperthwaite, M. D., J. R. Kippax, M. D., Clifford Mitchell, M. D., N. B. Delamater, M. D., W. M. Stearns, M. D., Henry Sherry, M. D., and C. A. Williams, M. D.

As its name indicates, this journal is devoted to the announcement and latest information upon new medicines. Unfortunately, it seems to recommend these remedies to be used empirically. There are but few pathogenetic indications for any remedy to be found in these pages. We are unable to discover any homœopathic teachings in it at all. Still, a few interesting items of information about drugs may be gleaned.

W. M. J.

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## NOTES AND NOTICES.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION—NOTICE OF MEETING.—The next meeting of the I. H. A. will be held at the "Ocean House," Watch Hill, R. I., June 24th, 25th, 26th, 27th. The hotel rates will be \$2.50 per day. Watch Hill is about four miles across the bay from Stonington, Conn. Stonington is reached from New York City by the Shore Line R. R. or by the "Stonington Line" of steamers which leave New York late in the afternoon ; it is reached from Albany via New York City or by the Boston and Albany R. R. via Worcester ; from Boston by the Providence division of the Old Colony R. R. From Stonington steamers run to Watch Hill at short intervals during the day.



This meeting should be the largest ever held. It is very necessary now, that we should make our efforts in behalf of pure Homœopathy known by action. When one so-called homœopathist of New York publicly proclaims in the daily papers that "there is not a strictly homœopathic physician in New York City," and another says that "a homœopathic physician is one who belongs to a homœopathic medical society, no matter if he does have recourse to allopathic remedies"—when such things are uttered in the name of Homœopathy, it is high time for the homœopathic purist to protest and to make his protest known to the public.

You can do this by attending this coming meeting, and early notice is hereby given that you may make all necessary arrangements to be present, for it is a duty that you owe not only to yourself but to all other practitioners of the Homœopathy of Hahnemann. S. A. Kimball, Secretary I. H. A., 124 Commonwealth Ave., Boston, Mass., March 21st, 1890.

AN APPEAL FROM THE BUREAU OF CLINICAL MEDICINE TO EVERY MEMBER OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—*My Dear Doctor:* The Bureau of Clinical Medicine wants something from you. The chairmen of the other bureaus selected their members almost before I was appointed, consequently, and with the sanction of our president, I shall take the "field," and with your help get together the most important collection of clinical material ever presented to any homœopathic society. I am intentionally late in sending this *appeal*, as it has left you free to send *your opinions* to the other bureaus, and now I beg you to send the Bureau of Clinical Medicine *the solid facts*.

Every member can send from five to a hundred valuable clinical observations. Since you began practice, and even since the last, and very valuable, meeting of the society, you have had your heart leap with joy many a time at the wonderful and indisputable effect of the remedy you had given. *Just these facts are what we want in this bureau.* These positive and beautifully illustrative proofs that *Similia similibus curantur* is the law of cure. Confirmations of previous observations are of very great value, especially on the newer remedies. Whether they are short and direct like Hering's characteristics, or as long as the "moral law," makes no difference. Send what most interests you, and what you feel to be so true and valuable that every true homœopath in the land should know you have observed or confirmed it. Remember, *the truth can be often repeated.* Much, very much, is lost to us by members who think every one knows, or should know, what is an every-day fact to them. Now then, every-day facts are what we want, as well as Sunday facts.

As it is especially desirable that all the papers of the bureau should be correct, will you kindly send them so clearly written that no mistake on the part of the printer will be possible.

Upon a postal card I beg you will inform me whether you can support this bureau or not, and if so, when I may look for your papers. Respectfully yours, T. M. Dillingham, Chairman Bureau of Clinical Medicine, 46 West 36th St., New York.

BUREAU OF SURGERY OF I. H. A.—In the March number, page 139, we published a communication from Dr. T. Dwight Stow, giving the list of members of the Bureau of Surgery of the I. H. A. Unfortunately two important names—Drs. Carr and Brownell—were left out.

The corrected list is as follows:

Jas. B. Bell, M. D., 178 Commonwealth Ave., Boston.

W. G. Brownell, M. D., Rochester, N. Y.

Allen B. Carr, M. D., Rochester, N. Y.

Prof. E. Carleton, M. D., 53 W. 45th St., New York City.

Thos. M. Dillingham, M. D., 46 W. 36th St., New York City.

A. McNeil, M. D., 220 Turk St., San Francisco.

Miss E. J. Myers, M. D., 302 West 12th St., New York City.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—The thirty-first annual commencement exercises were held on the evening of March 13th, 1890, at Pickwick Theatre, and the house was crowded even to the galleries.

The programme was excellent. The Rev. J. D. Wilson, D. D., delivered a very eloquent opening prayer, and the Rev. J. R. Ford, D. D., addressed the class on part of the Faculty in a masterly manner, his advice being sound and practical, yet put in such a kindly, earnest way that it was deeply felt and appreciated.

The awarding of the prizes and presentation of flowers was made by Prof. I. D. Foulon, A. M., M. D., LL. B., in his inimitable way. At one moment the audience was convulsed with laughter, and the next all but moved to tears.

Dr. W. A. Edmonds, A. M., M. D., conferred the degree of M. D. upon the class in a well-timed and dignified address, there being twenty-three regular graduates, one ad eundem and one honorary degree. The graduates were as follows:

Max Aszman, W. E. Bruce, J. H. Callan, T. J. Haughton, L. H. Lemke, F. E. Gladwin, L. E. Schoch, Frank Kirsh, F. H. Aufderheide, C. A. Brown, C. A. Canfield, A. E. Knieburg, M. E. McCarty, A. C. Goodbar, E. M. Santee, R. B. Noe, D. E. Archer, E. A. Bohm, D. M. Gibson, H. C. Irwin, G. H. Moser, C. F. Lee, M. E. Tucker. Ad eundem to Dr. Vogt, and the honorary degree to Prof. Foulon.

The most attractive feature of the programme was the musical part, Mr. Charles Kunkel, Mrs. Mayo-Rhodes, Miss Claire Stephens, and the Amphion Quartette—all artists in their specialties—appearing at their best.

THE SOUTHERN JOURNAL OF HOMŒOPATHY has again changed hand. The former proprietor, Dr. G. G. Clifford, of San Antonio, Texas, has sold the entire property to Mr. T. Engelbach, the well-known Homœopathic pharmacist of 150 Canal St., New Orleans, from which address the *Journal* will hereafter be issued.

Dr. C. E. Fisher, of San Antonio, Texas, the former editor, once more takes the post of editor. All business communications must be sent to Mr. Engelbach. All exchanges, books for review, and contributions to its pages must be sent to Dr. Fisher, of San Antonio.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. X.

JUNE, 1890.

No. 6.

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## EDITORIALS.

THE ARTIFICIAL FEEDING OF INFANTS is one of the most difficult problems with which the physician has to deal. If one could rely upon the various commercial foods with which the market is flooded, the question would at once be solved. Unfortunately, a trial will convince that they are generally not to be trusted. This is the testimony of all physicians whose affirmation is of worth.

The season is now at hand when this subject is of the greatest importance, and the closest attention should be given to it. In a report of a special committee of the American Medical Association, appointed for the purpose of collecting statistics on the matter of infant feeding, the evidence was all in favor of cow's milk in some form, and against the many commercial foods.

All who have had experience will attest the truth of this. No infant should be given artificial food so long as it is possible for the mother to provide the natural, until it has arrived at the proper age for taking other than the mother's milk.

When we arrive at the point where other than natural food is necessary, we should give to it much care and thought.

Taking, then, cow's milk as the best substitute, what preparation is requisite to make it suitable? Many and diverse are



the ideas in respect to this. In the following we think we give the best that is known on the subject.

It should be borne in mind that the composition of milk varies considerably, according to the food given the cows. It is a platitude to say that the milk must always be alkaline; and that litmus paper should always be used to test it; not trusting to taste. Lime water and carbonate of soda should never be used to make an acid milk alkaline. Better milk for infant feeding may often be had by taking the cows from the pasture and stall-feeding them. Before being used the milk should stand two or three hours, and then the upper third portion only should be used. This will permit the more solid parts to fall to the bottom, and thus we get rid, in part, of the most indigestible portion—the casein—the curd-forming matter. The water used for diluting should always be boiled, and cooled before adding it to the milk.

From birth to the third week, three parts of water to one part of milk; from the third to the sixth week, two parts of water to one of milk; from the sixth week to the fourteenth week, one-half water; from the fourteenth week to four and one-half months, one-third water; from four and one-half months to the sixth month, one-quarter water. After that age no further dilution is required, unless it is found to disagree. In some cases a small amount of table salt will be required to make it more digestible. It is to be sweetened with sugar of milk.

One of the greatest difficulties to be overcome is the formation of curds. This may be avoided to a great extent by the addition of some farinaceous substance in which the starch has been changed to dextrin. Malt sugar answers here, or, four teaspoonfuls of barley flour, boiled for ten minutes in a pint of water, and then add, when cooled to blood heat, a half to a third of a teaspoonful of liquid extract of malt.

The time may come when we shall have difficulty in finding any food that will agree, and then we shall have to resort to various preparations, in the making of which the main idea must be kept in view—*i. e.*, something readily absorbed, free from

starch, and containing the necessary elements of nutrition. Barley water, rice water, oat-meal water, bran tea (a teacupful of wheat bran to a quart of water, boil several minutes, add a little milk, and sweeten to suit). A good food is a teaspoonful of crushed barley, boiled in five to eight ounces of water for twelve or fifteen minutes, with a little salt. Strain through a linen cloth. For a child six to eight months old, equal parts of this and boiled milk. As the child grows older the milk should prevail. Whey is of benefit where there is indigestion. Care must be taken to have all food properly heated before giving.

Infants under three months old should not be fed oftener than once in two and a half hours. Above that age, once in three hours. Some children require larger quantities of food than others. Experience in each case will soon enable one to determine the quantity. Under six weeks of age, about one and a half ounces should be given at each feeding; about two and a half ounces to those three months old; gradually increasing the quantity each month until the tenth, when about five ounces should be given. Cleanliness of everything used should be insisted upon.

A writer, who has had large experience in an institution where numbers of infants are received says that he has found the best success depends upon the freshness of the milk, and that, by paying attention to this the mortality was reduced from 90 per cent. to 33.5 per cent. He "had not been able to raise a single infant on any of the commercial artificial foods, but children taken to the country where they could get cow's milk fresh, did well and thrived."

G. H. C.

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**SURGICAL TREATMENT OF UTERINE TROUBLES.**—Although we should never be willing to trust an enemy, on all occasions we are justified in receiving what we know to be of value, even from our greatest opponent.

If we need any testimony (which we do not) to the efficacy of our application of the law of therapeutics, we need only go to our friends (the enemy) who practice *regular* medicine. Frequently a ray of light seems to penetrate their field of vision, and thus

they see what an amount of harm much of their treatment is doing. This occurs only after a long period in which their want of success becomes so glaringly apparent that they are forcibly obliged to stop and give some thought to their lawless and mortal methods.

The followers of Hahnemann never have cause to blush for adhering strictly to his teachings. Depending on no theory, they are not to be confuted with new pathological ideas, and with suppositions regarding the treatment of the sick. It is always found, when any seemingly new scheme regarding disease and its treatment is advanced, that, if it be of any value, Hahnemann and his disciples have been utilizing it for years.

Among the hurtful crazes is the treatment of uterine affections by surgical procedures, and various injurious drugs, both topically and internally. From time to time we read of feeble attempts to call a halt to this treatment, but they seem so infirm that they make little or no impression.

A recent issue of *The Lancet*, of London, has an editorial on this subject, and we think an extract from it will go to prove the truth of what we have said above: "We have from time to time directed attention to the insignificance of certain conditions of the uterus which have been supposed to hold an important place in the pathology of that organ, and have combated pathological theories which are not only wrong, but which also involve methods of treatment that are often dangerous to life and generally injurious to health both of body and mind of the patients concerned. It has been a misfortune to women that from the time—now fifty years ago—when attention became directed to the diseases peculiar to the sex, their study has proceeded along very narrow lines, and pathological theories have been formulated upon insufficient and often erroneous data, and made the basis of universal treatment." The writer then goes on to state that at one time inflammation of the cervix was set down as the base of all troubles in women, and that caustics were applied for months. Then stricture of the cervical canal was the fad, to be treated by dilatation. Flexions and displacements followed this, with the legion of pessaries, which still exist, to



the lasting hurt—in most cases—of those who use them. Finally pinhole os, conical cervix, laceration of cervix were and still are blamed with woman's ailments. And such cutting, cauterizing, and drugging which have been applied are enough to terrify the bravest !

To state this is sufficient. Every Hahnemannian can testify to its truth. Any woman who comes to him for relief for symptoms indicative of trouble in the uterine region, and who has been unfortunate enough to have been treated by the scientists (?), brings evidence of her sufferings being due to the treatment received.

But what of those who, professing to know better by taking the name of homœopathist, yet try to feebly imitate those who only hold them in contempt for following their methods ?

"They should hear  
On all sides, from innumerable tongues,  
A dismal, universal hiss, the sound  
Of public scorn."

G. H. C.

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BLUNDERS.—The article found on another page of this number, entitled "An Awful Blunder," should be so indelibly impressed upon the minds of all who read it that meddlesome midwifery should never even suggest itself to any of them. We recently read of two other cases of complete inversion of the uterus following labor, both of which were due to traction on the cord, and one of which was fatal. In these cases midwives were in attendance. The physicians in the case quoted in full certainly could not have had the dangers of meddlesome midwifery fixed very deeply in mind, else they would not have to bear the burden of having caused their patient's death. Any man is liable to blunder, but to blunder so awfully requires either an ignorance so profound that light could never penetrate it ; or a carelessness so gross that it is unpardonable.

We were recently told of the case of a young woman, a primipara, whose lacerated perineum was permitted to take on gangrene until the entire perineum to the anus and beyond was

completely destroyed. Her attendant, we were informed, was one who is high in the American Medical Association. Some few years ago we saw, in a village of Central New York, a young man who had been made blind by his doctor (?) ordering fly-blisters to his eyes for a simple ophthalmia. This man was also a regular, and of the ranks of the scientists.

A short time before the death of the late General W. S. Hancock, we saw an article in the *New York Medical Record*, condemning, as hurtful, the use of the knife in carbuncle. Soon after this we read in the same journal an account of the treatment of the case. The knife was used; the General grew worse. Then his physicians (regulars) discovered sugar in the urine. The patient died. The doctors said his death was due to diabetes. Physiologists—particularly, Brown-Sequard—have shown that irritation at the base of the brain will cause sugar in the urine. The carbuncle was in a position to cause more or less irritation of the base of the brain. After the General's death we wrote to the editor of the *Medical Record*, calling his attention to the article condemning the use of the knife, and to the treatment of General Hancock, and to sugar being found in the urine after irritation at the base of the brain. This is his reply: "You are right. We have already noticed the fact in our last issue." He had given the above facts no notice whatever. However, the treatment of that case was not a blunder—it was scientific medicine! G. H. C.

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THE WARD'S ISLAND "DIFFICULTY" IN NEW YORK.—Under the above heading, our readers will remember that we have given some notices of this bitter controversy, first in the January number, at pages 5 and 32, and again in the April number at page 188.

As a sequence to what has been previously stated, we now commend to the attention of our readers the correspondence of Professor Carleton, which appears in this number at page 272.

The correspondence was originally intended for publication in *The New York Medical Times*, but as its editor, Dr. Egbert Guernsey, has seen fit to omit it from the pages of his journal, it

becomes the agreeable duty of THE HOMŒOPATHIC PHYSICIAN to lay it before the profession. All *our* readers will warmly approve the sentiments Professor Carleton has so incisively expressed in his letter, and will easily understand why its publication in *The Times* should be omitted.

The original resolutions against which Dr. Carleton protests are but a disguised repudiation of the homœopathic principle.

This principle, as a law, lifts the healing art to the level of the exact sciences, and it only remains for us to so practice it that we may enrich our materia medica with provings and confirmations by actual clinical experience, and thus securely *establish* Homœopathy in its destined place as an exact science.

To attain this end, all the time and all the energy of the consistent homœopathist are absorbed in the eternal relentless search for the simillimum. There are those who are unwilling to devote themselves to such exacting labor, preferring an easier method of practice. All these delinquents, therefore, seek an escape from the trammels of law. Such an escape they find in these resolutions which place the execution of the law at the doctor's *caprice*, and therefore relegate practical therapeutics to the old ground of theory and speculation (rationalism).

Professor Carleton, therefore, cannot be too highly commended for entering his vigorous protest against such "resolutions" being saddled upon the profession, and we are sure our readers will cordially support him in his stand. W. M. J.

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ABUSES OF QUININE.—One of our contributors writes to us asking for an article upon the evils of Quinine in massive doses. We appeal to all our subscribers to send us whatever experience they have had with this drug, that we may publish it, and so enable the profession to get a comprehensive idea of what Quinine dosing really means.

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### A REPLY TO DR. ALLEN'S "PROTEST."

DEAR HOMŒOPATHIC PHYSICIAN :—Though I have regarded myself as retired from the labors and responsibilities of writing for publication, by reason of age and its attendant infirmities,



the "Protest" in your number for May of the current year seems to call on me to correct some errors therein, as my name is connected with the complaints of the protestant. He

\* \* \* "feels compelled to write, complaining of the unfair treatment your journal pursues toward me [him] personally."

Though you are abundantly able to answer for yourself, and need help from no one, perhaps I may be permitted to say, without making myself chargeable with meddling with other persons' business, that I have been a constant and interested reader of your journal from its beginning, and though I have seen in it occasional allusions to the utterances of this protestant, not approving of them, I do not recall one which has seemed to me "unfair." These being as alleged, and I have seen no denial of this, the judgments of H. P. upon them have seemed to me *just* and *deserved*. In this case the only cure for the protestant's grief would seem to lie in his more careful utterances.

And then he charges that in my answer to the question: "What constitutes a Homœopathic Physician?" that

"Dr. P. P. Wells has seen fit in the last number of your journal to refer to me as ignorant."

This is a mistake. I did not refer to him at all as ignorant or otherwise. He was not in my thoughts when that paper was written. Indeed I did not know that he had been guilty of so great and silly an absurdity, as the answer given to the commissioner, as my authority, a common newspaper, said, it was given by quite another man. When told by a highly valued friend that this protestant had given this same definition, and that he (my friend) heard him, it was the first intimation I had had that there could be found *two* in any society so afflicted by strabismus as to see it possessed of so great power as merely by its membership to convert a mere man to a homœopathic physician. But so it is, and now this protestant says:

"Concerning my definition of a homœopathic physician, it is unassailable."

This may be so. We only know that it has been very

generally laughed at. We know no one who has thought it worthy of other attention. But lest the outside world might think there was no better answer to this question of the commissioner, I attempted, not to "assail" this of the two members, but to give a definition of such physician, which seemed equal to the needs of all times and occasions.

So far are we from thinking this protestant "ignorant," we have said more than once, when those utterances of the H. P. which have called out the present complaint, have been spoken of—"He knows better than he talks." We hope we did him no injustice in this judgment. We intended none, and should be truly sorry if compelled to believe we did any.

But the protestant, before this "unassailable" answer to the commissioner's question—"What do you consider *constitutes* a homœopathic physician?" gets things a little in a jumble, and in his protest, in endeavoring to make things clear, he tells, with all his might, what his society *calls* such a physician, which only answers a question no one has asked, and is of little interest to any outside his "society." The commissioner's question was, what *is*? The "unassailable" answer is what "our society" *calls* such—not exactly responsive to the question. The protestant does not appear to see the difference. But the readers of the protest, it may be supposed, will pardon something to a strabismus which sees only from *one* eye.

Then he is earnest in his endeavor to create belief in the orthodoxy of his teaching of true homœopathic therapeutics. This may be all as he says. But then how great must be his chagrin when so small evidence of such teaching is seen in the conversation and practice of the graduates sent out! One can only say before this saddening display—What a pity so great efforts should be followed by so small results!

Then, in his last paragraph he speaks rashly, and thus :

\* \* \* "Whatever may be said to the contrary, it is absolutely *true* that every physician in large practice is obliged to use other than homœopathic methods in the treatment of the sick, certainly not for their cure, but sometimes for their palliation." \* \* \* [*Italics ours.*]

This shows how one may be led astray by his imagination,

especially when this is interested in finding an excuse for one's wrong-doing. So far is this statement from being "absolutely true," we have no hesitation in declaring it absolutely *false*, and this from our own positive knowledge. In this we do not overlook the qualification, "*in a large practice.*" This is quite a door of escape for one making rash assertions. Before one can be fastened in the falsehood he will have a definition of a "*large practice,*" and this, where there is so gross strabismus as prevents distinction between one's imagination and facts, as in this case, may be difficult.

To meet this in the beginning we will say that in a practice of near half a century, which much of that time was as "large" as a tolerably active brain and fast horses made possible, there was in no one instance a resort to "other than homœopathic methods." A strict loyalty to law and obedience to its demands made a resort to means outside the demands of law wholly unnecessary. The need of such means was never felt. When the practitioner abandoned the practice and means of the school in which he had been somewhat carefully educated, for the practice and means of Homœopathy, it was because he had seen these last to be better—in these years he had never seen them otherwise—always better; and, properly administered, leaving no place for the abomination of palliation.

The whole amount then of this "absolutely true" declaration of this protestant, which is not true at all, is, that this is an open confession of what *he* does, and therefore he cannot see why others do not the same. It is only another display of that ever-afflicting strabismus, which prevents his distinction of the difference between truth and a gross slander of his colleagues.

BROOKLYN, May, 1890.

P. P. WELLS, M. D.

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MERCURY causes, among the workers in it, an immunity from syphilis. It also causes carious teeth, salivation, spongy gums. It cures both homœopathically. It causes tremor of the hands among these workers like the tremor we find in drunkards; it also cures it.—*Extract from a letter of the late Dr. Adolph Lippe.*



## DR. T. F. ALLEN'S "HIGH POTENCY ALLOPATHY."

B. FINCKE, M. D., BROOKLYN.

"Thou shalt not bear false witness against thy neighbor."

In a letter to the editors of *THE HOMŒOPATHIC PHYSICIAN*, published in the May number of this journal, the following statements are made :

Page 206. "I witness the most exclusive practitioners of our art reporting cures with the highest potencies of a drug which has never been proved, whose indications are wholly clinical. This surely is not Homœopathy. It is certainly high potency allopathy. There is, I am sorry to see, an increasing tendency, even among those who use the highest potencies, to prescribe from clinical indications, and to depart from the strict law of Homœopathy."

Page 205. "For twenty-five years and more I have faithfully and conscientiously practiced and taught straight Homœopathy as I understand it." But, suppose he don't understand it as Hahnemann did? Hahnemann stands upon a rock, but if the witness does not stand upon this rock but only upon his own understanding, his standpoint is a quicksand which must swallow him with all his straightforwardness. This danger is the more to be apprehended as he humbly professes his ignorance after twenty-five years' study of materia medica. Now those "exclusive practitioners" are standing upon that rock of Hahnemann. They are the thorough homœopaths of Hahnemann. They accept and verify in their practice his teachings uncompromisingly when he demands that the homœopathician should heal by simple similar remedies proved upon the healthy, in the least possible dose, or a high potency, a term which was introduced by him, as can be seen in his writings in numerous places. How can the witness call these disciples of Hahnemann exclusive practitioners of his art, if he means to teach and practice straight, strict, pure Homœopathy and consequently claims the honorable name of homœopathician (Homœopathiker

of Hahnemann)? If the witness is, according to his own testimony, profoundly impressed with his own ignorance after twenty-five years' study of our materia medica (page 205), why should he impute this, his own ignorance, to those exclusive practitioners who are the real homœopaths of our art and science? We know of those who as a general rule use the high and highest potencies according to *Similia similibus* in remedy and dose, and it is a well-known general excuse of those whom the witness calls mongrels, that they are not versed enough in materia medica to prescribe accurately for a high-potency practice, a confession which implies a great compliment for those "exclusives" who not only understand how to do so, but also practice it. They certainly cannot be accused, as the witness has it, as those "who are extremely liable to neglect the study of materia medica and overdose their patients," such as indeed is the practice of mongrelism (page 205) which he abhors. But his objection is not now directly against the administration of high and highest potencies at all, which, at any rate, marks progress, because only five years ago they were "the laughing-stock of all right-minded men," but against those exclusive practitioners who in using homœopathic high potencies "practice allopathy" (page 206). Surely always the unexpected happens, and this unexpected discovery was reserved for the witness because nobody else ever thought of uniting such disjunctive ideas.

Anybody not familiar with the goings on in the homœopathic profession would think that these exclusives and high potentialists are a traitorous set of men who labor to destroy Homœopathy altogether, that they practice allopathy "*ab usu in morbis*," according to "wholly clinical indications," because they don't care a fig for provings and homœopathic materia medica pura. As such they are denounced by the witness, and thus they are held up to his admiring students and professional brethren, as the wolves in sheep's clothes, who have stolen into the fold of the professors of straight Homœopathy. Never could men be more mistaken. If these much accused, and, alas! slandered exclusives make use of clinical symptoms, it is of those which have been cured with one single remedy. These

clinical symptoms, almost from the beginning of Homœopathy, have been found useful in practice and marked in the *materia medica* books with a degree sign (°) indicating that they are not merely clinical, but also pathogenetic symptoms, healed by such and such a remedy. They, of course, have not the value of such symptoms as have been observed upon the healthy in proving and verified in healing, but still they are useful if they form part of the totality of the symptoms, which is paramount in the selection of the remedy. But when they once shall have been verified by provings upon the healthy in the future, they will acquire the dignity of the star-symptoms.

That a remedy carefully observed—and as carefully as in a proving—to have healed a certain state of the organism in disease is to be ranged, *conversely*, as pathopoetic, and, therefore, capable of healing in a similar pathogenetic state of the organism, because it forms a feature of the pathogenetic picture does not require any further argument. And this is the point which the witness does not seem to be aware of. The clinical symptom used for healing could not be of any avail if it were not homœopathic to the case.

Besides these clinical symptoms available for cure, symptoms frequently appear after the administration of a remedy, especially when given in a high potency which do not belong to the disease under treatment, but to the remedy. These are true pathopoetic symptoms which, though observed upon the sick, can be added to those observed from this remedy upon the healthy, as Hahnemann says. (See *Organon*, § 142.)

Perhaps an example may make this clearer. In the afternoon of May 1st a heavy thunder-storm, with pouring rain, cleared and cooled the atmosphere. This may have been the cause of a sharp pain which I felt next morning after awaking in the external condyle of the humerus going down half the ulna on moving it, worse on motion and touch. At first I thought it the result of a false position during sleep, but as it would not subside and was very inconvenient, and never having had anything like it before, I took a few globules of *Bryonia-alba*<sup>45m</sup> (F.) about two P. M.



No change occurred till after midnight, when I woke up with flatulent pain in the lower abdomen, followed by a loose passage, mixed with solid lumps and the sensation of a ring half an inch thick, corresponding with the anus, with smarting and pricking as of little sticks. Another mushy stool was passed later in the night and one in the morning after rising, and several other similar passages occurred during the day, with the same sensation in ano, which I never had before. On going out I noticed a stiffness of the muscles in the right side of the neck. But the pain, for which Bryonia was taken, was almost gone, nothing remaining there but a little sensitiveness to touch, which wore off gradually.

Now, here we have, first, the healing action of the law; then, second, the pathopoetic action of Bryonia in the organs of defecation, which everybody can see to be similar to the symptoms observed upon the healthy in the *materia medica*; even the stiff neck is there. And, third, Bryonia might have produced other symptoms of its own not yet in the *materia medica*, which would have to be marked likewise as pathopoetic symptoms. But, fourth, if in my case there had been symptoms not yet observed upon the healthy, but in a cure by Bryonia (with exclusion of other remedies) alone, they would have been as well indicated as the other pathopoetic indications—for they would have been hygiopoetic symptoms—*i. e.*, obtained by healing—and all these four modifications would have the right to be called homœopathic indications.

The witness, according to his utterances, would be the last to expect from a high potency, a Cm or a M (million) centesimal, an allopathic effect, for then he would acknowledge the reality of the high potency as much as that of the low potency which he uses in his practice.

If these high potencies act at all, it is because they find their action in the organism which, changed by disease in its state, has become homœopathic to it, and hence, the artificial disease, produced by the high potency, steps into the place of the natural disease, equalizing the life-force, and health is restored according to the law of dynamics. Action and reaction are equal and

directed to contrary sides, which, applied to medicine, is the homœopathic principle, *Similia similibus curantur*.

As to the other contents of that remarkable document, they speak for themselves and need no comment.

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### A REPLY TO DR. T. F. ALLEN.

EDITORS HOMŒOPATHIC PHYSICIAN:—In answer to the fling at Dr. Hering made by Dr. T. F. Allen on p. 207 of the May number of your journal, I desire to say that Dr. Hering told me that he took up the Schüssler remedies because he saw their importance, and that he had the first edition published to keep them out of the hands of the mongrels.

He intended to have further provings made and to develop them as fast as possible; at the same time he was not averse to learning anything he could about the curative powers of medicines even if such knowledge had not been developed by provings on the healthy. It hardly becomes a physician—who, as Dean of an alleged homœopathic college, cries aloud through the journals to expectant students, “Come to our college! we teach you pure Homœopathy in one chair and false Homœopathy in the others; we will not let you go out of our halls without knowing both—to talk about Dr. Hering’s indorsing Schüsslerism ‘in a way;’” the “way” was by the publication spoken of, which did not indorse the *method* at all—only the remedies.

Learning the false, I suppose, must be useful to a homœopathist, on the ground that, knowing the devil, you can cut him when you meet him. Must virtuous people be familiar with sin before they can be properly virtuous? It is not whether a man *says* he is a homœopathist, it is whether he *is*. As between the purity of the Homœopathy of Dr. Hering, who in that very Schüssler pamphlet warns against pressing out the pus in gonorrhœa, because it injures the urethra, and that of Dr. Allen, who says that unless you are willing to be left behind your neighbor in the race, you must prescribe injections of mercuric chloride, I shall stand with Hering, although he was not a member of the New York County Homœopathic Society.

It is a mistake to call Dr. Allen ignorant ; if so, there might be some excuse for his back-somersaults, which, somehow or other, all seem to have occurred since he became the mighty Dean who must run the machine in opposition to other—shops.

Truly yours,

CHAS. B. GILBERT, M. D.

WASHINGTON, D. C., April 29th, 1890.

### “ HIGH POTENCY ALLŒOPATHY.”

CHARLES B. GILBERT, M. D.

(A Physician Practicing Homœopathy—A Homœopathist.)

*Digitalis*.—Sound in left ear as if steam was rushing through a small hole, *with a feeling as if the pharynx was enlarged* ; pulse slow.

Sore throat with a feeling *as if the pharynx was wide open* and swollen ; the eyes are inflamed ; nose running, left side.

The enlarged feeling in pharynx is purely clinical and led to the prescription in the second case, which was promptly cured ; the action was so striking that a homœopathic physician, who had opportunity to observe it, begged to know the remedy.

When one reads the statement from the compiler of a *Mat. Med. Pura*, that clinical experience is “ high potency allopathy,” it makes one think of the difference between riding a hobby and a hobby-horse, as given by a lunatic : “ When one tires of a horse, he gets down ; a man never gets down from a hobby.” It would seem that there needs to be a transfer of patients between the inside and the outside.

### NATRUM MURIATICUM.

(TABLE SALT.)

A. McNEIL, M. D., SAN FRANCISCO, CAL.

This drug is an incontestable evidence of the efficacy of trituration and succussion in developing the medicinal virtue of a drug. But some may say that common salt, when potentized,



has no curative powers. I pity the patients of that man, calling himself a homœopathic physician, who, deterred either by prejudice or ignorance, has never seen cures performed by *Natrum-mur.* in potencies, although the patients have taken the crude salt at every meal, and usually in very large quantities, as such persons have a great craving for it in their food. Dr. Watzke, of Vienna, undertook to prove this drug, and, in spite of his preconceived opinions, was compelled to acknowledge that not till he went up to the high potencies, could he produce symptoms in the healthy of any value.

In the mental symptoms, there is a resemblance to *Ignatia*, as there is much inclination to weep, but there is more excitability than with that drug, in which the disposition is to be quiet and passive. Sometimes, with this sadness and weeping, the patient is much aggravated by consoling words, so that they start the heart fluttering. With *Arsen.* consoling words excite cough. Sometimes the *Nat.-mur.* patient is hypochondriacal and tired of life, having a resemblance to *Nux-v.*; but a glance at the concomitants of these drugs will prevent any mistake. The patient may be in a hurried frame of mind, with anxiety and fluttering of the heart.

This is one of the important remedies in headache, particularly those attending intermittents and in uterine complaints. Its headache usually begins in the morning on waking, with *Bryonia*. It comes on first beginning to move, and disappears on the breaking out of sweat. The headache is as if the head would burst. In this it resembles many other drugs. It cures where there is a heaviness in the back part of the head with which the eyes draw together; with *Cannabis-indica* this is attended by pains which shoot up the sides of the head to the temples and vertex; with *Eupatorium-perf.* it comes on after lying down. It is the simillimum for a headache with a throbbing as if little hammers were striking, coming on when awaking every morning; with *Psorin.* this throbbing is from within outwards. Many remedies have a feeling as if the head would burst on coughing; but only *Natrum-m.* and *Staphisagria* have as if the forehead would burst on coughing.

With Natrum-mur. there is a fiery zigzag appearance around all objects, while with Sepia these fiery zigzags appear before the eyes without regard to the objects looked at. Salt also cures when black spots and streaks of light appear to him. The patient may be affected with a sudden darkness, so that everything turns black. In the weakness of vision give this remedy if there is a drawing, stiff sensation in the muscles of the eyes when moving them; objects run together on exerting the eyes; this is quite similar to Ruta, and it, no doubt, has been often given and, of course, unsuccessfully, when Natrum-mur. should have been prescribed. In ophthalmia, both catarrhal and scrofulous, when Nitrate of silver has been used, always give Natrum-mur. at first and it may prove the simillimum for the entire case.

Loss of smell and taste, especially with catarrh, indicate one of two drugs, salt or Pulsatilla, but the concomitants and modalities will decide which should be used. The secretion of clear mucus, transparent, like the white of egg, from the nose, should always call your attention to Natrum-mur.

Patients, particularly ladies, often have their lives almost made miserable by the appearance of the face which is such that it looks as if it had been greased. In this condition compare Natrum-mur., Plumbum, and Thuja carefully and you will be able to cure and bring happiness to your fair patient and coin and glory to yourself. There are but few cases in which a physician can establish a reputation more certainly than by the cure of neuralgia of the face. This prevails particularly in the so-called malarial regions, and they are often the result of chronic poisoning by Quinine. It is in just these cases that our remedy is most frequently indicated. It is necessary to carefully differentiate from Arsenic in these cases. If the tongue has a covering of clear mucous slime with little frothy bubbles at the edge, Natrum-mur. is *the* remedy.

Fever blisters or cold sores, attending colds, intermittents, etc., nearly always indicate Natrum-mur. or Rhus-tox. The modalities of the latter drug will nearly always easily decide between them, although sometimes it will prove to be a difficult task, particularly when the genus epidemicus is changing from the one remedy to the other, as I once saw happen.

Children are slow in learning to talk ; with *Calcarea* and *Silicea* they are slow in learning to walk. He complains much of dryness of the tongue, which is not very dry ; with *Mercury* he complains of dryness of the tongue, although his mouth is full of saliva. He has a sensation of a hair on his tongue. A symptom that is rare and valuable is a moss-like appearance of the tongue which this drug, *Lachesis*, and *Thuja* have ; with the latter, the tongue is coated with a white skin, the edges feeling raw, it then peels off in patches and leaves dark-red, sensitive places. *Natrum-mur.* and *Rhus* both have vesicles on the tongue. This symptom and that of fever blisters and cold sores will prove of invaluable importance in many diseases, notably intermittents and other fevers.

In sore throats, where they have been burned with Nitrate of silver, this is our remedy as it is in other cases where that powerful agent has been abused, and *Adelman Emmet*, the greatest of gynecologists, although an allopath, says many thousands of women are suffering tortures from the abuse of lunar caustic, which was not long ago the fashionable treatment in almost all cases of real or fancied womb disease.

In almost every case that requires this remedy an unusual thirst is present. This thirst is violent and unquenchable, like that so characteristic of *Arsenic*, but water, when drank, does not produce the gastric disturbance and vomiting which always follows when *Arsenic* is the remedy. Longing for bitter things the same as with *Digitalis*, for beer (*Nux* and *Sulphur*), for farinaceous food, for acids (*Veratrum-alb.*), for salt (*Calc.-carb.*), for oysters and fish, and an aversion to meat (*Arsenic* and *Plumb.*), and to coffee, which is also characteristic of *Nux-vom.*

Although *Natrum-mur.* is not an especial cough remedy, yet it has a cough worthy of remembrance, that is when he coughs pains in the abdominal ring extending into the testicles, as if the spermatic cord would be torn in pieces ; with *Zinc.* the pain in coughing is in the testicles, so that he wants to hold them up with his hands.

*Natrum-mur.* should be given in constipation in which, after stool, the anus feels contracted (*Lachesis*) or torn so that it bleeds



and smarts; with Nitric acid pains come during stool, as if something were torn away lasting two or three hours.

In gonorrhœa this is the remedy when there is no pain during urination, but burning and cutting afterward; with Cannabis-sativa there is burning just after micturition, although there is also a cutting which extends from the fossa navicularis to the neck of the bladder; Cantharis has cutting before and after urination from the neck of the bladder to the fossæ. Dr. Kunkel, who is the best prescriber in Germany, has found this agent of great value in gonorrhœa when it appears at a time when it is *the* epidemic remedy for the prevailing intermittents. He has also shown that it is indicated in those cases in which any disease is ameliorated by the patient's residence on the seashore. I have confirmed this observation in my own experience. In gonorrhœa, as well as other diseases in which Nitrate of silver has been abused, give Natrum-mur.

In diseases of women Natrum-mur. does a grand work. It is indicated when every morning (Bell., Nux-vom.) there is pressing and pushing toward the genitals, must sit down to prevent prolapsus. (Bell., better when standing and sitting straight.) Also a prolapsus accompanied by aching in the back, which is ameliorated by lying down. In aversion to coitus, because of dryness of the vagina, which renders it painful, Ferrum also. Some patients, on the other hand, after an embrace, feel easy and light-hearted, and afterward ill-humored. Before her menses she is low-spirited (Lycop., Puls., Stram.); during menses the sadness continues (Am.-carb., Cimic., and Puls.). The menses are too early, too long continued, and too profuse, as with Calc.-carb., Kali-carb. Morning sickness accompanied by headache on awakening in the morning, thirst, fever blisters, etc. And also when she vomits frothy, watery mucus, and in difficult labor where it progresses slowly, the pains are feeble and she is sad and full of forebodings. The physician who gives *the* indicated remedy in his obstetrical cases will seldom or never be compelled to use instruments, and will have few or no cases of ruptured perineum or cervix in his patients.

And in infants who are slow in learning to talk on account of

the muscles of the tongue and larynx not developing properly, and in those debilitated by intestinal diseases, where there is general emaciation, but most perceptible in the neck, *Calcarea-phos.* has the same condition of those muscles. Nor in diseases of the respiratory organs, where there is expectoration of clear, transparent mucus, and in stitching pains in the chest, should we let *Bryonia* and *Kali-carb.* cause us to forget that *Nat.-mur.* has those pains, but, of course, with different concomitants from those remedies.

In diseases of the heart, both functional and organic, this remedy has done good work. It is indicated in fluttering of the heart, with a weak, faint feeling, aggravated by lying down. The heart symptoms are aggravated when lying on the left side the same as with *Cactus*. Palpitation of the heart, when the pulsations shake the body, and ache as if a pressure rose from the abdomen and compressed the heart.

*Natrum-mur.* and *Rhus-tox.* have aching in the back, relieved by lying on something hard. The patient often lies with her arm under her back in order to obtain this pressure, with both of the remedies. The relief from motion, so characteristic of *Rhus*, will sufficiently differentiate between them. These back pains are nearly always indicative of uterine complaints when found in women; in men they are nearly always rheumatic and, many times, malarial in both sexes, and both remedies cure malarial complaints when indicated.

Hang-nails and cracking of the skin around the nails is characteristic of this remedy only, and will guide you to its selection many times. Sometimes there is restlessness of the limbs with this remedy, so that they must be moved constantly. This is another point in which salt resembles *Rhus-tox.*, but with the latter remedy the restlessness arises from the aggravation of the pains and stiffness, which increase more and more until he is compelled to move. With *Arsenic* the restlessness arises from a mental condition; he is in such a state of anguish that he cannot keep from moving, although he is so weak that it exhausts him very much. *Aconite* restlessness also arises from a mental condition, something like that of *Arsenic*, but it is better

described by the word "anxiety," but there is an entire absence of the debility of that drug. The restlessness of Arnica is because the parts on which he rests are so tender and sore that he must change so as to lie on another part of his body. These causes of moving which I have delineated will, if carefully kept in mind, enable you to differentiate between these remedies when you are at a loss to decide.

When sleeping he has very vivid dreams, that seem real when he awakes, so that he thinks that it is a reality—of thirst; of robbers. He also is a somnambulist, so that he rises and sits up in the room. Phosphorus and Silicea are indicated in this condition.

The field in which this remedy has been the most useful is in intermittent and other fevers. In these you may have difficulty in deciding between this drug and Rhus-tox. Both have much aching in the head, back, and limbs; both have fever blisters on the lips, both may have violent thirst. But with the salt, while there may be restlessness compelling him to move, there is not that stiffness and aching increasing as long as he keeps still and passing off when moving a little, as with Phos. With Natrum-mur. the chill is in the morning not later than eleven, the thirst is very great, drinking often and much, but water does not disagree, as it does in a similar thirst when Arsenic is indicated; there is much headache, which comes with the chill and continues through the hot stage till sweating begins, which relieves. The cases may be recent or may have become worse by the use or abuse of Quinine—and the use of Quinine in the crude form is always abuse—and the only excuse for giving it on the part of one who calls himself a homœopathic physician is ignorance.

In the treatment of intermittents follow the advice of Hahnemann: by watching the symptoms of *all* your cases which occur during the season in making up the totality of symptoms on which you are to prescribe. By taking this enlarged view of the disease and by the exercise of a fair amount of knowledge of materia medica you will always be able to cure intermittents. I speak from eleven years' practice in a very malarious region. When I say cure I mean the administration of the potentized



drug only, for the giving of crude doses of Quinine in many cases does not cure, it only suppresses the chill and thereby injures the patient.

In wasting diseases this is one of our best remedies, he loses flesh while living well ; the same condition occurs with Iodine. In infants who become emaciated, particularly about the neck. Calcareo-phos. has the same condition, and you will require the other symptoms to decide which to use.

Apis and Natrum-mur. are complementary remedies, following each other well.

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### HYDROA, OR FEVER BLISTERS.

G. M. PEASE, M. D., SAN FRANCISCO, CAL.

By way of a postscript to Dr. McNeil's article on Natrum-mur., I would like to refer to the symptom of hydroa, or fever blisters. For a number of years I have closely watched these little things with the view of making them a point for differential diagnosis between Natrum-mur. and Rhus, and repeated clinical opportunities have to my mind settled the matter as follows :

On the *first* appearance the Rhus blister is clear or translucent, with a tendency to amber color. The Natrum-mur. blister is not as clear, but of a whitish or pearl color, nearly or quite opaque, and during its undisturbed progress does not change its color as soon as that of the Rhus.

The Natrum-mur. blister is more likely to be discrete, while the Rhus tends more to confluence or groups.

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### WATCH THE EFFECT.

EDWARD CRANCH, M. D., ERIE, PA.

WATCH THE EFFECT! The whole sermon is in that little phrase, now see how it unravels. Who will admit that he does not watch the effect of his remedies, and who will not say, with more or less pride (perhaps, as I have heard it, with applause

from students), "I cure my patients"? Yet the same professor, years after, said in my hearing, "now, *since I have kept a record of my cases*, I find the practice of medicine very different, and much more satisfactory than ever before." No one is very ready to admit that most of his patients "get well" without his direct assistance—that is, that the medicines had little or nothing to do with their recovery—yet this is the case in a surprisingly large number of prescriptions. Yet decided, even brilliant cures are not impossible, and nothing is more pleasant in a physician's experience than to watch the effect day by day of a well-chosen, unchanged-from, and unrepeatd remedy, as the vital force it has roused gradually but surely throws off disease, with all its lugubrious and discomforting accompaniments.

One who is accustomed to observe effects, will not give medicines and change them the same day merely because he cannot see instant improvement on the lines that he or his books have laid down for that remedy to act upon; he will question every phase of the case, and if the answer is, no worse anywhere, or if worse, only in the line of the pathogenetic effect of the given drug, then the observer will wait, with plenty of resolution, plenty of alertness, and above all, plenty of "Sac-lac." : not to deceive the patient, but to keep off discouragement and untimely argument. Every one knows that physicians give placebos, but no one likes to think that he or she is taking them, and when one is sick one is in no mood to argue the question.

So it is well to have several vials of placebo scattered through your case, besides a separate case containing *only* placebos all carefully labeled, and composed only of Sac-lac., or alcohol—not like the so-called blank pills of Dr. Cathell, in *The Physician Himself*, who in Chapter V of a most excellent work (but one very hard on the homœopathic frauds, while sufficiently courteous to the honest homœopaths) advocates the use of pellets soaked in *fluid extract of belladonna*, or in *compound tincture of iodine*, as placebos!

One accustomed to watch his patients more than his books, will be slow to report cures till he is sure of them, for often

some circumstance or condition, unknown or unexplained at the time, shows that, after all, the medicine given had little, if anything, to do with the cure, or else the supposed cure was not a cure at all, but only a remission, or a piece of concealment, or of insufficient investigation.

If a certain learned professor had asked more closely after one of his patients, he would not have told his class that Arsenic was good for a "very peculiar neuralgia of the tongue, like red-hot needles all through one side of it, coming in agonizing paroxysms," going on to say that he knew of a case recently helped thereby.

Of course, I believed him, and made a note of it, but soon after, on coming to Erie, I was introduced to this very case by the physician in charge, who said that Dr. —, naming the professor, had been consulted, and recommended Arsenic, which he was confident would help, but it *did not*, and, what is worse, nothing did, for the patient went on worse and worse up to her death, which occurred some three or four years later. No post-mortem was held; but it was a most inveterate case of tic douloureux, probably from some tumor in the brain or orbit. Often I have begun to think my prescription was doing wonders, only to find, later, that the patient had either not taken it at all, or had been using other remedies at the same time, making the whole case uncertain. Or a sore throat would look diphtheritic and be well with most surprising promptness, which would be duly credited to the remedy, till a succession of such cases showed plainly the existence of an epidemic tonsillitis, with exudation, but not true diphtheria, and many cases got well just as promptly without medicine. The late epidemic, "La Grippe," yielded many such experiences, so that it was hard to tell just what the remedies *did* do.

But the most uncertainty comes from not waiting long enough on one remedy, and changing or repeating on insufficient indications, especially in acute cases, where much valuable time is often lost in the endeavor to gain time, forgetting that the medicine must *always* have sufficient time to act, and that "no worse," or "a little better," if substantiated on careful interrogation of



every known vital indication, is the signal for placebo, not to be changed heedlessly ; then, at least, if the case is not made, it is not marred, and it has the best known chance of getting well.

When any medicine is indicated, it is generally plainly so ; if we have to imagine that symptoms are present, the chances are that no drug at all is needed at first ; if it is, the fact will soon become apparent, and the indications clear. Then, if undue haste or carelessness does not spoil the progress, the result is sure. One case of typhoid fever will illustrate this : W. K. T., age twenty-four, tobacconist, complained merely of weakness and loss of weight, for which a careful diet was directed ; three days later he developed typhoid fever, with symptoms calling for Bryonia. This was given in Tafel's 1,000th, in water, for three days, when a slight but decided amelioration occurred, and placebo was substituted. The tongue continued dry, and the bowels constipated, for two weeks, but no more medicine was given, and the patient progressed to full recovery in the most satisfactory manner, without another dose of any medicine, except one dose of Sulphur, given for occasional faintness, with burning of the feet, in the fourth week when he was beginning to walk about the room.

Several other cases in the neighborhood, treated by antipyrin and chloral, died with cyanosis, or came so near death that many gave them up and then when medicine was suspended they recovered ! In all my cases this winter I saw not one where pneumonia supervened after grip or anything else, and I lost no case of typhoid fever or of grip.

A case of mania will do to close with : A lady imagined herself mesmerized by her absent pastor, and was in a great fright. Aconite<sup>100</sup> quieted her, but did not remove the delusion, which soon mingled with others—that every one was possessed of the devil, that her eyes were strangely wild, and that nothing was as it should be. Her face was very red, but there was no headache or other ascertainable symptom. Melilotus<sup>3</sup> was given in water, for two days, with most happy effect, improvement was rapid, the illusions faded, and a state of delightfully restful sleepiness came on, when the medicine was discontinued, till, in

less than a week more, she voluntarily quitted the bed, saying she was now quite rested, and did not believe that her fancies, which she was fully aware of, would return, nor have they at present writing.

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### AN AWFUL BLUNDER.

DR. G. W. EMERY, MINNEAPOLIS.

In the month of December last, the writer, while in a neighboring State, on business, and a guest of a prominent citizen and kindred, unearthed the following terrible, unique, and yet interesting case such as few meet with in a life-long practice, and of which several of our leading authorities make no mention.

The writer had finished his MS. with a query as to how it might be received by his professional compeers when his attention was directed, by Dr. A. A. Pine, of St. Paul, to a very similar case recorded by Prof. Byford in his obstetrical work, pages 454-55. The awful possibility of the recurrence of the event leads me to hope that this may be of interest and benefit to your many readers.

On the first day of October, 1889, the wife of my host, a young multipara aged about twenty-four years, strong, robust, in fact, the very picture of health, was taken in her second labor (her first a twin pregnancy, children eight and ten pounds respectively, one still-born, the other living two or three weeks).

In the labor to be described, primary pains commenced about four o'clock P. M. on the date above; patient retired to her chamber and to bed. About two hours afterward a messenger was dispatched for Dr. T., her former attendant, and a physician of forty years' practice in the town. Labor appeared to be perfectly normal, and at ten o'clock P. M. a healthy female child was born, no anæsthetic was used, nor did the patient act as though the labor had been of more than ordinary severity. After the birth the usual pleasantries were passed, and for about half an hour patient seemed to rest easy and normally, making pleasant remarks to the friends and physician. The husband,

feeling all danger past, retired to his study to hastily write a few business letters; he had left the chamber but a few minutes when the doctor remarked, "I must now get the after-birth," and proceeded to manipulate for the same. The patient soon began to give expressions to feelings of pain, and the doctor (for the first time in the case) instructed one of the ladies present, or the nurse, to administer Chloroform.

With the administration of the anæsthetic increased effort and force were used on the part of the physician, and the husband was summoned and placed in charge of the administration of the anæsthetic, while the doctor seemed to increase his power and energy to dislodge (as he claimed) the after-birth, with hand and forearm inserted into the vagina and pelvic cavity or uterus, and perspiration dropping from his face, so that the onlookers frequently wiped his face with towels, while the patient's expressions of agony were so intense as to be almost unendurable to those present. The doctor, to the several inquiries as to "What is the matter?" would respond, "The after-birth is attached to every part of the womb." With the patient evidently growing weaker and entering the stage of collapse, respiration increasing rapidly and face assuming an ashy pallor; the husband noticed the radial pulse was gone and the hands and extremities cold, and thinking she was dead, stepped to an adjoining window and broke into tears and sobbings, to be sharply reprimanded by the physician with the exclamation, "Why, what's the matter with you? You act as though Emma was dying; she's all right, give the Chloroform."

The nurse states that at this time she was satisfied the patient was dying, and ventured the suggestion that the doctor had better send for counsel, to be informed with considerable asperity and tartness that "he (the doctor) knew his business, and no necessity for assistance existed."

Thus, from half-past ten till about twelve o'clock, was this terrible forced manipulation progressing, till suddenly Dr. T. exclaimed, "Send as quickly as possibly for Dr. R.," who, responding to the hurried messenger, arrived at half-past twelve, and immediately proceeded to examination, and inserting hand



and forearm, quickly, and amidst the greatest excitement on his part, disclosed from the vulva a large, round body, and exclaimed, "Inversion." Then, after examining it carefully, turning it over from hand to hand, and with the greatest agitation, he in a subdued voice exclaimed, "Dr. T., will I cut this off?" or, "Hadr't I better cut this off?" when Dr. T. responded, "Yes, I guess so," and, as Dr. R. was slightly deaf, the husband, leaning over to Dr. T., remarked, "What is he going to cut off, Doctor? See that he don't do any harm." Dr. T. responded, "It's all right if he don't cut too high," and turning, remarked in a loud tone of voice to Dr. R., "Be careful, Doctor!" Dr. R., apparently greatly agitated, then called for a pair of scissors and a piece of string. The scissors not being found, he asked for a knife, and the husband handed him his penknife and the membrane was cut and the object removed. Dr. R. almost immediately retired, taking with him the removed mass, and in a few minutes the patient was dead.

The above detailed account is entirely corroborated by all present. But great dissatisfaction was expressed at the methods and forcible manipulations of Dr. T., and confusion as to whether Dr. R. was not in part responsible for the death by his cutting operation, though it was conceded that they (the friends) thought the patient about dead when Dr. R. arrived.

With a desire to remove these feelings, the writer decided on an interview with the physician in attendance. A call upon Dr. T. resulted in the doctor stating that "It was very sad, but it was the most terrible case of attached placenta that he had ever met." To an inquiry as to whether inversion existed, he stated: "No; Dr. R. thought so at first, but it was a mistake." To the query as to whether the womb had been removed, the doctor positively entered an emphatic denial, exclaiming, "Do you think I'm a fool? Haven't I had experience enough to keep me from doing such an act?" The writer stated he thought he ought to have, and suggested that the friends were urging the exhuming of, and a post-mortem on, the body, and if it were done, it was their wish that he be present. This caused an intense expression of anxiety and great agitation to the doctor,

and to the inquiry as to what Dr. R. had removed, he, Dr. T., promptly responded, "Why, the after-birth." After some further conversation, the writer, informing him that he should immediately proceed to Dr. R.'s office and examine the placenta, left, and in a few minutes was in Dr. R.'s office, and proceeded to state that he called to see the after-birth of Mrs. E. M., which Dr. T. informed him he, Dr. R., had taken away and was in his possession. Dr. R. denied having an after-birth, and the writer demanded permission to see what he had removed. Dr. R. quite excitedly proceeded to express the horrors of the case, and greatly regretted the necessity of complying with the request, asking earnestly for as much leniency as possible for the attending physician, and then Dr. R. produced the womb. Recounting the facts as above stated, he proceeded to say that he had arrived at the bedside of Mrs. M. at half-past twelve at night, noticed the collapsed condition and deathly expression of countenance, and immediately proceeded to examination, when his hand passed into the intestinal cavity and came in contact with the convoluted folds of intestines. Extracting his hand, it was followed by the uterus, held by a small portion of the vaginal tissue at the cul-de-sac. He, Dr. R., said he was utterly lost as to comprehending its condition, and suggested inversion, but on closer examination found it to be the womb, enucleated except at the point indicated, and the patient dying. He, Dr. R., removed as above stated and retired, knowing full well the result but not waiting to witness it. He, Dr. R., said he had been passing through a terrible mental struggle as to his duty. He had, on the second day after the death of the mother, taken the organ to a leading physician (Dr. B.) of a neighboring city, shown it to him, and asked his advice, who informed Dr. R. that, as the patient was dead, and Dr. R. and Dr. T. being old practitioners in the same field, he, Dr. R., had better say nothing about the affair, but keep the organ carefully. He, Dr. B., further stated he had never seen such a terrible piece of work in his life before. This advice on the part of Dr. B., Dr. R. informed me, had kept him quiet, though his wife had urged him to explain the facts to the husband. To the inquiry as to where

the placenta was, he, Dr. R., responded that he had never seen it; he said that in proceeding to the examination he groped about the labies externally to find the cord, but it was not there. He then went internal, but did not find it nor any other indications of the cord or placenta. The organ produced measured eleven (11) inches in length and seven and one-half ( $7\frac{1}{2}$ ) inches in diameter through centre of body, one ovary and ligaments much larger than the other. Mouth patulous and ragged, organ rent on left side up to ligamental attachments. Internal surface denuded of decidual membrane and the muscular tissue torn up and into, as though gnawed by an animal; this was by the finger of Dr. T. The point at which the cutting by Dr. R. was made was very apparent, and agreed with his (Dr. R.'s) statement. And with the writer, he, Dr. R., agreed that the after-birth had slipped through the rent and was then in the body of the deceased.

Another interview was had with Dr. T., and the facts (of which he had been fully aware, because the organ was exhibited to him two days after the death, by Dr. R.) he, Dr. T., now stoutly denied any force on his part in the treatment of the case, and in the most contemptuous manner, by an implication, proceeded to throw the blame on Dr. R. He further attempted to claim that the decidual membrane, so horribly mutilated and denuded from the internal surface, was the placenta, but finally abandoned this position and conceded the probability of the loss of the placenta in the intestinal cavity, after which concession the husband thought a post-mortem unnecessary. The age, respectability, and former standing of this horrible blunderer, moved feelings of pity on the part of those who were so awfully injured, though a liberal amount is demanded for the use of the motherless babe.

In conclusion, the writer would suggest for the consideration of your readers the following interrogatories which have very forcibly come to his mind, viz.:

First. Was the advice given by Dr. B. to Dr. R. proper or justifiable under the circumstances?

Second. Was the action of Dr. R. in attempting to follow the advice commendable or censurable?



Third. Was the action of the friends in being willing to condone the death and thus thwart demands of civil law, thus permitting this Dr. T. to continue in active practice, right or wrong?

The writer would be glad to have these questions answered.  
—*Northwestern Medical Journal*.

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## THE WARD'S ISLAND "DIFFICULTY" IN NEW YORK.

SOME UNPUBLISHED CORRESPONDENCE.

53 WEST FORTY-FIFTH STREET,  
NEW YORK, April 3d, 1890.

DEAR DR. GUERNSEY:—Owing to inability to attend a number of meetings of the Medical Board, I have not been well informed of the proceedings.

Recently I read in the March issue of *The New York Medical Times* the following resolution, passed by the Board January 2d, 1890:

"*Resolved*, that in the opinion of this Board, the only requirement as to belief and practice of a physician should be as follows: That in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that we firmly believe the principle, *Similia similibus curantur*, to constitute the best general guide in the selection of remedies, and that we fully intend to carry out this principle to the best of our ability, yet this belief should not deter us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make use of any established principle in medical science, or any therapeutic fact founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care."

The above resolution does not express my belief and practice,

and as silence on my part would naturally be considered as indicating assent, I will now state my views, asking that they be read at the meeting to-night, and made a part of the record.

I believe that the words *Similia similibus curantur* formulate not "the best general guide," but a *law*—a GREAT NATURAL LAW to be applied as universally in the selection of drugs for the cure of sick people, as the law of gravity is in the realm of physics. Section 24 of Hahnemann's *Organon* sums the matter up as follows :

"There remains, accordingly, no other method of applying medicines profitably in diseases than the homœopathic, by means of which we select from all others that medicine (in order to direct it against the entire symptoms of the individual morbid case) whose manner of acting upon persons in health is known, and which has the power of producing an artificial malady the nearest in resemblance to the natural disease before our eyes."

I also believe that the incurably sick are best treated by *Similia*. They have thereby less suffering, longer life, and easier death.

My faith is founded upon large experience. Never has Homœopathy failed when subjected to the crucial test as directed by Hahnemann. For many years he and his followers have challenged disproof, but in vain. The challenge is yet open.

Believing the homœopathic to be the best way, I need not resort to any other. Any implication that an extremely sick person can be helped, somehow, by dropping the similar and taking up some other method, or by trying to combine methods, betrays a lack of faith in the law. Such patchwork is scouted by every true homœopath. The more desperate the case, the closer must we stick to the law, if we would cure.

My position is well understood at the Hospital and by the Medical Board. One of the original twenty-four members who received a sacred trust from the city authorities, I have steadfastly adhered to our mutual pledge made at our first meeting for organization, at the office of Dr. William H. White, to stick to the law. For my part, the promise was made *con amore*.

Nineteen years active practice of pure Homœopathy, teaching in college and hospital both didactic and clinical, and advice given in counsel with my professional brethren, all show a consistent record for *Similia*, to the best of my ability, to which all who know me will attest. The public have a right to expect of me a mode of practice which is consistent with my professions. If I ever cease to be a homœopath, I shall sever my connection with all homœopathic institutions and societies, and seek affiliation where I belong. The world is wide.

The resolution which called forth this letter was published in your journal. By right this should appear there also.

Very truly yours,

EDMUND CARLETON.

To Egbert Guernsey, M. D., President Medical Board  
Homœopathic Hospital, Ward's Island, New York.

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To the foregoing letter Dr. Guernsey replied as follows :

NEW YORK, April 21st, 1890.

MY DEAR DOCTOR:—As you are probably aware, when the hospital on Ward's Island came into our hands Mr. Brennan insisted it should be called Homœopathic, and it was so called in spite of our protest. Notwithstanding it was to be under the control of our school, we insisted it should simply be designated as the Ward's Island Hospital. Have you any objection to our asking the Commissioners to change the name of the hospital to the one first proposed by the representatives of our school, viz. : THE WARD'S ISLAND HOSPITAL? Of course, there will be no change in treatment !

Very respectfully,

EGBERT GUERNSEY.

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Dr. Carleton's rejoinder to the letter of Dr. Guernsey is here-with given :

NEW YORK, April 24th, 1890.

EGBERT GUERNSEY, M. D.

MY DEAR DOCTOR:—Your letter of the 21st instant received.



I have no recollection of the matter referred to. You have presented a subject which is entirely new to me. I supposed that we were to have a homœopathic hospital in fact and in name. To abandon homœopathic practice, wholly or partially, or to drop the distinctive title, at the present time, would be, to my mind, disastrous.

Very truly yours,

EDMUND CARLETON.

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### SOME REMARKS ON RUMEX CRISPUS.

C. CARLETON SMITH, M. D., PHILADA.

On page 172 of the *American Homœopathist* for May, Dr. Cardoza gives a very interesting cure which he made with "Rumex crispus." This calls to memory the fact that it is now nearly twenty-five years since I first used this valuable drug. The case was that of a very intelligent lady, principal of a prominent female seminary. When summoned into her presence, I found her lying upon the bed with a handkerchief held tightly to her mouth which she told me she could not remove from its position without a most violent spasmodic cough resulting. The fact was, she could not even breathe the warm air of the room without irritating the air passages to that degree that a fit of coughing was sure to be induced thereby, short, frequent, and sharp. Rumex being the only drug which exactly corresponded with the characteristic symptoms of the case, it was administered in 6th potency in water, in divided doses. The result was a speedily, brilliant, and permanent cure, astonishing the patient and all her friends.

Dr. Cardoza's cure was that of a cough which only obtained during the day, but not at all at night. I was not aware that this peculiar symptom belonged to Rumex, and therefore it ought to be noted down by all homœopaths for future use. Most of the drugs, be it remembered, that produce cough in any great degree have *night* aggravations of some sort or another, and in greater or lesser degree. But here is a drug that has a

dry, teasing cough all day long which disappears when the patient lies down to rest at night. We thank the doctor for calling our attention to it, as it is not found, as far as we know, in the provings of the drug.

The late Dr. Dunham placed Rumex in the following group, viz.: Belladonna, Lachesis, Phosphorus, Causticum, all of these remedies producing symptoms identical in kind. The characteristic of each, he states, being found in the relative *degree* in which each symptom is pronounced in the different remedies, quite as much as in the possession by any one of these of symptoms not produced by the others.

Thus Bell., Lach., and Rumex, produce each a dry cough, induced by tickling in the larynx or trachea, provoked by deep inspiration, by speaking, and by external pressure on the larynx or trachea. Each produces soreness or rawness of the larynx or trachea.

The cough of each is spasmodic and long continued, and is worse at night after retiring. But, apart from the fact that Bell. and Lach. act more upon the larynx, and Rumex more upon the lower part of the trachea, we observe that, in the case of Lachesis, the slightest external pressure on the larynx or trachea produces violent and long-continued spasmodic cough; the patient cannot endure the least constriction in that region, not even the ordinary contact of his clothing. In the case of Bell. not only is cough produced to a moderate extent by pressing upon the larynx, but soreness and pain are experienced, with a sense of internal fullness which at once suggests the presence of acute laryngitis submucosa. In Rumex, on the other hand, there is no sensibility, strictly speaking, of the trachea, but simply such an irritability of the mucous membrane that cough is produced by the change of position induced in that membrane by external pressure upon the trachea. As regards the extent and intensity of this symptom, Rumex holds a lower rank than the other remedies named. But the irritability of the mucous membrane by virtue of which cough is induced by hurried or deep inspiration, or by speaking, while it is common to Bell., Lach., Rumex, and Phosphorus, is pro-

duced in the most exalted degree, as we have already seen, by Rumex, which, as regards this symptom, takes first rank. A sensation of rawness or roughness in the larynx, trachea, and bronchi is produced by each of the four remedies above named, but the *locality* and the *degree* in which it is produced vary in such a manner as to serve in some measure as a characteristic of each. It is most marked in Phos. and Bell., less prominent in Rumex, and least of all in Lach. In Bell. and Lach. it is most marked in the larynx; indeed, it is almost confined to that region. Rumex produces it in the trachea and upper part of the bronchi, while Phos. induces it in the whole mucous tract, from the larynx to the smaller bronchi; and, moreover, in the Phos. proving, this "rawness" of the air-passages is accompanied by a no less characteristic sense of weight and constriction of the upper portion of the thorax, which indicates an affection of the finer air-tubes, and of the air vesicles of such a character as seriously to impede the function of respiration. In considering this last symptom we mention Caust. also, which produces "rawness" extending the whole length of the sternum. All five remedies, again, produce *hoarseness*; Phos., Caust., and Bell. most eminently; Rumex less decidedly, and Lach. in a still less degree. Bell. and Lach. apply especially to those complications which involve the fauces and pharynx, and are acute, the one of a sthenic, the other of an asthenic character; Phos. to those of the pulmonary tissues of a definite inflammatory character, and Rumex to certain affections of the lungs and their envelopes, of which the nature is not clearly defined in the proving. They are indicated by pains, generally sub-acute, in the upper part of the lung near the clavicle and axilla, and more frequent in the left than in the right lung. Since administering my first dose, which was in the earlier days of my practice, my experience with the "Yellow Dock" has been quite extensive, which has led me to pronounce it one of the most valuable remedies in our materia medica for affections of the air-passages.

It undoubtedly possesses antipsoric qualities, for it causes a long-lasting eruption of a vesicular nature, which annoys the



patient by itching, only when he is disrobing to go to bed. The eruption appears mostly on lower limbs, and stings, itches, and prickles. The aggravation evidently caused, as is the cough of this drug, by exposure to the air, even of the warm room. Mercurius has an aggravation of its eruption in the evening or night, but only comes on when the patient gets cozily fixed in bed and begins to warm up; which is quite an opposite condition.

A strong Sulphur symptom also obtains with this remedy, viz.: Stool is urgent, driving the patient out of bed early in the morning, the passages being brown or black, and quite thin and watery.

This symptom must not be overlooked in cases of children with the Rumex cough, who are suddenly seized with this early morning stool. Sulphur is not the remedy but Rumex is.

Another point, children with the Rumex cough will become extremely cross and peevish, precisely similar to that condition which obtains under Chamomilla. This may lead, by mistake, to the giving of the latter drug, when, in fact, Rumex ought to have been exhibited, which would be followed by a speedy cure. Belonging to this valuable drug, there is a condition which closely corresponds to Lycopodium, viz.: After meals, great flatulency and distention of stomach. Sensation of fullness after eating, with pressure so great that it extends up into the throat.

Another peculiar condition which was evolved in the proving of Rumex, is one that is evidently connected with indigestion, and which does not, to my knowledge, at least, belong so prominently to any other drug. I allude to the "Lump in throat, not relieved by hawking or swallowing; it descends on deglutition, but immediately returns." I have cured many cases of so-called dyspepsia with this remedy in various potencies where the above characteristic was a prominent factor.

Ignatia has a lump in the throat, also, but during the act of deglutition the patient swallows over it, as it is immovable.

The Rumex patient is very restless in his sleep; dreaming of danger and trouble, and wakes up with a morning headache. This reminds us of Bryonia, but with the latter drug the head-

ache does not assert itself on waking up, but as soon as the eyelids are opened.

Aggravations from cold, damp, raw weather, give us a close similarity to *Rhus-tox*.

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## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

The plants that I propose to mention in the following short sketches are such as are in common use in homœopathic practice or occur in homœopathic literature. My purpose in writing them is to show that medicines that were used formerly in an empirical manner as infallible remedies for the cure of disease, are now ascertained by the homœopathic "provings" on healthy people to be capable of *producing* the same conditions or symptoms that they were said to cure, thereby *proving* the truth of the homœopathic law of cure, *Similia similibus curantur*.

Further, by giving the common as well as the botanical names, I trust to interest the readers of THE HOMŒOPATHIC PHYSICIAN, by describing some of the virtues of plants that are well-known garden favorites, or wild flowers; and, lastly, that useful and practical information may be obtained concerning their use in disease when far from medical help. When in the country and wanting certain medicines, I have often been glad to find in the garden or hedge-row what could not be obtained at a shop. I propose, also, to make some mention of well-known plants that are not truly British for two reasons: first, they are well-known and "proven" homœopathic remedies, and also, secondly, although aliens they are in most cases thoroughly acclimatized, and capable of reproducing themselves by seeding, and many of them are *included in works on English botany*. I propose to take them in their botanical order and consequently commence with:

### ORDER 1, RANUNCULACEÆ.

*Clematis Vitalba* (The Traveler's Joy).—This beautiful climber is known to all, its dark-green foliage climbing thickly

over almost every hedge in chalky or limestone districts. It is one of the earliest signs of coming spring, its abundance of white, almond-scented flowers later on, add their beauty to the fields, and in the autumn the hedge-rows are white with its feathery seed-plumes. This plant, like most others of the order, is very acrid, its leaves producing a warmth on the tongue, and if chewed for a short time causing blisters. They also blister and ulcerate the skin when rubbed on it, although in France the young sprouts are boiled and eaten as a vegetable like its namesake, better known in homœopathic materia medica (*Clematis erecta*). It was used internally as a cure for the lues venerea, certain forms of scrofula, and rheumatism. It has not been regularly "proven," but it cures many conditions that the "proven" (*C. erecta*) has produced, and probably the two plants closely resemble each other in their medicinal effects.

*Clematis Erecta* (Upright Virgin's Bower).—This plant is an alien, but grows so freely in our gardens that I cannot pass it over, especially as it is "a proven" and a most important homœopathic remedy. The same virtues are attributed to this plant in times past, as to the preceding. According to the homœopathic proving, it produced, on healthy persons, swelling of testes and scrotum, with painful sensitiveness, violent pains in left spermatic cord (in women it has cured glandular indurations of breasts, painful to touch). Rheumatic-like pains (aching, drawing, tearing), in limbs, and a great number of symptoms, affecting all parts of the body.

*Anemone Pulsatilla* (the Pasque Flower).—This plant, although very much like the *Pulsatilla nigricans* of the homœopathic pharmacopœia, is not the same, and should never be used for it. It flowers in the early spring *only*, and where common, as on the Gog and Magog hills, the pastures, it is said, are tinged with its elegant purple flowers. It is, however, a rare plant in Britain. It is found on grassy pastures and chalky declivities in several parts of the country, especially Hertfordshire. Its flowers are lighter in color than *P. nigricans*, and are *upright*, whereas the *Pulsatilla nigricans* flowers *twice* in the year, and has beautiful, dark, almost black-blue flowers, much more hairy,



white, soft, silky hairs, much smaller flowers and *reflexed*, with the petals bent back at the top. The medicinal virtues of *A. Pulsatilla* are similar to those of *P. nigricans*, and it has been used with considerable success in diseases of women—headaches depending on functional derangements, inflammation of the eyes and eyelids, and malignant ulcers. It is useful in discharges from ears, nose, eyes, etc. It is very acrid; not “proven.”

*Anemone Nemorosa* (the *Ranunculus Albus* of the pharmacopœias. The Wood Anemone or Wind Flower.)—Found in abundance in damp groves and thickets in early spring; is about four to eight inches high, flowers white, or with a purplish tinge. The whole plant is acrid and poisonous. Sheep eat it, but it is apt to disorder them violently. Horses, cows, and swine refuse it. The acrid volatile principle is so corrosive that it has been used externally as a blister, instead of Cantharides. It was used empirically in times past to promote the menstrual flow, and for the cure of leprosy. The juice was snuffed up the nose to promote discharges, and the root was chewed to cause expectoration on account of its acrid properties. It was found useful in headaches, in soreness and inflammation of the eyes and lids. Culpepper says: “Being made into an ointment and the eyelids anointed with it, it helps inflammation of the eyes, whereby it is palpable that every stronger draws its weaker like.” According to the same writer, it opens the mouths of the veins. All the foregoing states and conditions may be found in the “provings” of *Anemone Pratensis* or *Pulsatilla nigricans*; and all the Anemones probably contain the same active principle, *Anemonin*. Possibly if this plant were proven it would be found quite as good as our officinal plant, *Pulsatilla nigricans*, which latter does not grow here.

*Pulsatilla Nigricans* (*Anemone Pratensis*) Meadow Anemone, Wind Flower, an alien, but is found in our gardens, and is really a lovely thing to grow. This plant was received into the Edinburgh pharmacopœia during the life of Hahnemann, upon the authority of Baron Stoerck, who recommended it as an effectual remedy for most of the chronic diseases affecting the eye, particularly amaurosis, cataract, and opacity of the cornea, he also

found it of great service in the nodes and nocturnal pains of syphilis, and in ulcers, caries, indurated glands, suppressed menses, herpetic eruptions, melancholy, and palsy. When chewed it inflames the tongue and fauces.

It produces, on the healthy, various kinds of inflammation of the eyes and eyelids, with pains and swelling. Lachrymation in the open air, dimness of sight, obscuration of sight, and a great many other eye symptoms; powerful and varied action on the sexual and urinary organs, eruptions on various parts of the body, which burn, itch, and bleed. Uterine spasms, suppression of the menses, great melancholy and depression of spirits, sadness, silent mood, weeping, and a great variety of motor disturbances, too numerous to mention; painful lameness, debility, rigid immobility of body, tingling, and sensation as if limbs had gone to sleep, tremulous weakness, trembling of the hands, and of limbs generally.

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## A CASE OF SPORADIC CHOLERA.

L. HOOPES, M. D., WEST CHESTER, PA.

In the summer of 1873, while practicing medicine in Pottstown, Pa., I was summoned hastily one afternoon to see a man residing about four squares from my office, who had been suffering with the following symptoms for about half an hour: About every five minutes he was attacked with cramps from head to foot, drawing him up into a bunch, when he would roll out of bed and around the room like a hoop, making about one circuit of the room, when the cramp would relax and he would vomit a large amount of fluid which looked like rice-water; then he would pass as much more of the same kind of fluid from his bowels, and then, completely exhausted and covered with cold perspiration, the attendants would place him in bed. He was almost pulseless, voice feeble and husky and his skin on being pinched up would remain in a fold; urine suppressed. When I entered the room he was in bed, but I did not ask more than two questions before he had another paroxysm, which I observed closely till it passed, and then dissolved a few pellets

of Verat.-alb.<sup>200</sup> in a little water and gave him a teaspoonful before the recurrence of another; in a few minutes there was a slight cramp which ran through the whole body, but not enough to drive him out of bed, a little nausea but no vomiting or stool, nor did they recur again. I gave him no more Verat., but on the following day I gave him a dose or two of Chin.<sup>200</sup> for the remaining debility, and he made a good and rapid recovery. In the paroxysm which I witnessed the fluid passed by mouth and anus filled a large chamber.

There were three of these cases, almost exactly alike, which occurred on three consecutive days. The first recovered under eclectic treatment, and the third died under allopathic.

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### CLINICAL CASES.

ELLA M. TUTTLE, M. D., NEW BERLIN, NEW YORK.

SOME EFFECTS OF QUININE.—Was called to see Miss —, whom I found suffering from eczema of the hands. She stated that she had been afflicted with the same disease before when living in a distant State, and as at that time she suffered from it for about five weeks, she was expecting a long siege. On inquiry I learned that at that time she had been first under an allopathic physician, who had given her quantities of Quinine, etc., but growing steadily worse she had finally called upon a homœopathic physician, under whose treatment she had recovered. Before I saw her at this time she had been taking Quinine for a cold, but when the eczema appeared she sent for me. The skin of her hands was reddened, and somewhat excoriated, itched violently, and burned after scratching. The joints of the fingers were lame and stiff and would pain her severely if kept long in one position, but were momentarily relieved by moving. Gave her Rhus-tox., under which, to her surprise, she recovered in a few days.

Some time after she had a cold, and again began taking Quinine. In two hours after the first dose her hands began to burn and itch in the same way, but this time she recognized that



it was the effect of the Quinine, and immediately stopped its use. This time the itching and burning only lasted about twenty-four hours. When will people learn that indefinite dosing with Quinine is at the bottom of a large per cent. of the ills that afflict us poor mortals?

ARSENICUM IN THE VOMITING OF PREGNANCY.—Mrs. F——, one month pregnant, was taken with a distressing attack of vomiting. Morphine was given her, both by the mouth and injected into her arm, but with the effect of increasing the vomiting. I was called after two days and nights of suffering. Found her very pale and weak, hardly able to raise her head from the pillow. Would vomit about once in twenty minutes, the vomited matter consisting of white frothy mucus. Said she felt very nervous and feared she was going to die. Began to have labor pains, and the physician she had before thought she would lose her baby.

I put ten drops of Ars.<sup>3</sup> in half a glass of water, and gave her a spoonful every half-hour. The first spoonful was promptly ejected, but the next was retained and the vomiting effectually checked. In the course of two hours she was able to take some beef-tea, and the fourth day after she was in the kitchen superintending her hired help. She went to term, at which time I had the pleasure of delivering her of a healthy eight-pound girl.

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### SANICULA—A CAUTION.

EDITORS HOMŒOPATHIC PHYSICIAN:—Through a small space in your journal, it may be well to offer a word of caution to those members of the profession who may desire to procure from the pharmacies a preparation of the new and highly valuable remedy, *Sanicula* (*Sanicula* mineral water); and I can give the hint in no stronger manner than by relating the following incident: Dr. R. B. Johnstone, of this city, several weeks ago required an attenuation of *Sanicula*, for the purpose of highly potentiating the drug on his centesimal potentizer. Accordingly, he personally applied at a well-known homœ-

opathic pharmacy, for the two hundredth; but was informed that nothing above the "mother tincture" (!) was on hand. Out of pure curiosity, the doctor requested a portion of the said "mother tincture" and took it with him for investigation. This novel "mother tincture" (of a mineral water !) presented the appearance of a dark greenish vegetable tincture; and was found, by reference to the books, to be indeed a "*Sanicula*," but the *Sanicula marilandica*, vulgarly known as "Snake root."

To avoid grievous errors, through simply ordering "*Sanicula*," physicians should ask for *Sanicula mineral water*, stating the required potency, of course.

D. W. CLAUSEN, M. D.

PHILADELPHIA, April 23d, 1890.

## A GERMAN HOMŒOPATHIC CONGRESS.

(Schriftleitung der Allgemeinen Homœopathischen Zeitung.)

CHRISTIAN STRASSE, DRESDEN, A., SAXONY, April 9th, 1890.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—The "Homœopathische Centralverein Deutschlands," the oldest European homœopathic society, will meet this year in Dresden, on the 9th and 10th of August.

On the 9th we will visit together Meissen, and the house where Hahnemann was born, and on the 10th, after the scientific session, we will dine with our friends at the Belvedere, in Dresden.

Dr. Kafkasen, from Prague, will be chairman.

We would be very happy if some of our American friends, if they are in Europe, would join us, and therefore I ask you to publish a notice of our session in your journal.

As member of the local committee, I beg you to send me word if any one wishes to attend our meetings, and especially if he wish that rooms be secured for him.

With kindest regards,

Most truly yours,

DR. ALEXANDER VILLERS.

## HELP WANTED.

Maud R., æt. ten, demi-brunette, of healthy, vigorous parentage, about one and a half years ago, whilst playing with other children, fell forward and hurt herself in the chest. Parents thought it a trifling matter, thought it would get better anyway, consequently the case has not received any treatment whatever.

She is now brought to me, pale, emaciated, nervous, appetite capricious, does not care to play. Sleep disturbed by frightful dreams, during the day piteously begs her mother to take her, she is so afraid. She feels as though snakes were on her back. What is the remedy for the symptoms, sensation as though snakes were on back? She is now under Arnica, high. Suggestions thankfully received, and results acknowledged.

EDWARD T. BALCH, M. D.

SOUTH BEND, PACIFIC COUNTY, STATE OF WASHINGTON.

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## LA GRIPPE.

W. A. YINGLING, M. D., NONCHALANTA, KANSAS.

La grippe has come, done its work, and gone. No results, as only pure Homœopathy was used in this entire community. The "regulars" have all gone; they went long before la grippe came.

Bell., Ipec., Causticum, Bry. were the principal remedies. In a few cases Eup.-per., Nux-v., and Bapt. Rückert, in his *Therapeutics*, says: "Causticum smelling, was employed by Hahnemann against influenza, and two hours afterward Camph." This was in the la grippe epidemic of that day. I verified this in three patients, but by pellets per mouth.

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## WINTER COUGH.

FREDERIC PRESTON, M. D., CHESTER, PA.

Coming on regularly for twelve successive winters. Tall, spare man of seventy-three years. Cough constant during night and early morning. The victim had been obliged to pass his



winter nights sitting by stool; lying impossible. Many nostrums and some homœopathic remedies tried, among others Hyosc. The cough was without sputum, except when outdoors. He had contracted the habit of going out into the cold air several times nightly during cold season to cough up a small portion of white, glairy mucus, which gave from one to three hours' relief. Three doses of *Plantago major*<sup>200</sup> cured this cough within twenty-four hours. Since January 12th, 1887, no return. See Allen, Vol. VII, p. 564. *Plantago*.

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### BOOK NOTICES.

THE MEMPHIS JOURNAL OF THE MEDICAL SCIENCES for April, 1890, is at hand. Among other interesting things is an article upon "Experimental Diabetes Mellitus," translated from the German by Dr. Wm. Krauss.

According to this article Dr. Minkowski has succeeded in producing diabetes in dogs by extirpation of the pancreas. "The entire pancreas had to be removed to cause diabetes, it being immaterial whether the remaining portion was in connection with the duct or not." Ligature of the pancreatic duct would not produce the disease.

From these experiments the disease seems to depend upon the "loss of an as yet unknown specific function of the pancreas in the intermediate metabolism, a function that is absolutely necessary for the destruction of sugar in the organism."

Diabetes produced in this way is the only experimental form analogous to the corresponding disease in man. Coincidentally it is found that among post-mortem appearances of diabetes the pancreas appears to be diseased oftener than any other organ, sometimes as high as fifty per cent. of cases. This peculiar influence of the pancreas, the experimenter thinks, "need be only a link in the chain of general glycosic metabolism," though he has no positive proof as yet for his hypothesis.

W. M. J.

HOMŒOPATHIC THERAPEUTICS. Third rewritten and enlarged edition. By Samuel Lilienthal, M. D. Hahnemann Publishing House, F. E. Bœricke, 921 Arch Street, Philadelphia; pp. 1154; royal octavo, half morocco, \$8.00; cloth, \$7.00.

This, the third edition of Dr. Lilienthal's well-known book, represents half a century of the author's experience in the practice of medicine, to which is added all experience obtainable from other physicians.

The work is arranged alphabetically according to the names of the diseases. Under each of these names are given the most important remedies with their characteristic indications attached. The most completely verified of these indications are printed in bold-face type. All, however, are well authenticated as far as we could discover, the celebrated "key-notes" of Dr. H. N. Guernsey being included. After these indications follows a short and comprehensive repertory for that particular disease. Thus an additional help is afforded for the selection of the most similar remedy. We should think this work would be a most valuable aid to the earnest seeker after the simillimum.

W. M. J.

**THE PULTE QUARTERLY.** Published at 124 West Seventh Street, Cincinnati, Ohio. April, 1890.

This is a new journal, the first number of which (for April) is before us. It is devoted to the interests of Pulte Medical College, of Cincinnati, Ohio.

The editor is Thomas M. Stewart, M. D. Associate editors are J. D. Buck, M. D., Phil. Porter, M. D., C. E. Walton, M. D., G. C. McDermott, M. D., and C. D. Crank, M. D. The new journal contains the news of Pulte College and has besides an assortment of clinical matter.

W. M. J.

**THE DIETETIC GAZETTE,** P. O. Box 2898, New York.

The editorial article of the May issue has been prepared by J. Lewis Smith, M. D., Clinical Professor of Diseases of Children, in Bellevue Hospital Medical College. With the June number will begin an extended article by J. Lewis Smith, M. D., on the Care and Feeding of Infants, with remarks on The Great Mortality of Infants in the Summer Months, and mode of preventing it.

### THE NATIONAL MAGAZINE

For April opens with an interesting article entitled "Chatterton; the Boy Poet," by Rev. Albert Danker, D. D., of the National University of Chicago; the "Current Value of Degrees" is by Dr. F. S. Thomas, M. D., Ph. D.; other articles are "The Columbus Society of Patriots of America," a laudable organization to cultivate patriotism in our American youth; "The Origin of the Name and Office of Justice of the Peace," by Rev. Joshua P. Bobb, LL. D.; and "Save Our Farmers," by F. W. Harkins, Chancellor of the National University, the non-resident or correspondence work of which rapidly developing institution is also explained in this number. Sample copy ten cents. Address, 147 Throop Street, Chicago, Ill.

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### NOTES AND NOTICES.

DR. WM. T. BELFIELD, 612 Opera House Building, Chicago, Ill., U. S. A., respectfully solicits information concerning unpublished cases of operations upon the prostate, especially for the relief of the so-called hypertrophy of the organ.

THE  
HOMŒOPATHIC PHYSICIAN,  
A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. X.

JULY, 1890.

No. 7.

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EDITORIALS.

THE USE OF CRUDE DRUGS BY PROFESSED HOMŒOPATHS.

"Hast thou not spoke like thunder on my side?  
Been sworn my soldier? bidding me depend  
Upon thy stars, thy fortune, and thy strength?  
And dost thou now fall over to my foes?  
Thou wear'st a lion's hide! doff it for shame,  
And hang a calf's skin on those recreant limbs."

If nothing else served to remind us of the presence of mongrels, we have the agents of various drug manufacturers, who frequently call on us and wish to leave samples of their several compounds, and who, on being told that we are homœopathicians, and do not use such preparations, always reply: "Why, homœopathic physicians do use them, and we sell to almost all we call upon." We think we convince them to the contrary before they leave. We simply point out the difference between honesty and dishonesty by showing them that he who claims to be a homœopathist cannot conscientiously use their goods. It requires but a moment's conversation to have them agree with us, and they always express contempt for those who forswear Homœopathy by buying, and—in many instances clandestinely—using these compounds of crude drugs.



Genuine Homœopathy suffers more at the hands of its pretended friends than from any other one cause. The intolerance and bigotry of allopathy have done more good to our cause than harm. All the bleating and quacking of those who have tried to put it down by argument and abuse have only been to the interest of our school, and thereby been the means of making us better known. Thus, many precious lives have been saved that otherwise would have been sacrificed to the lawless empiricism of allopathy. Unfortunately for many sick people, and for other many who are in health, there is a large class of unprincipled men who are trading on the good name of Homœopathy. There are many of this class who are so ignorant of what constitutes Homœopathy that it is but charity to say that they "know not what they do;" therefore, it is but justice to add that they are not responsible. But by far the larger number are engaged in what they call practicing medicine for the purpose of making money only. One of the latter lately said to us: "I find that I can make more money by being known as a homœopath than by any other means." And the rascal was using means that would put the worst druggist in the allopathic ranks to shame.

Many of these men do know what Homœopathy is and what it can do for the sick, but they acknowledge that it is much easier to give a crude drug that will have an immediate, visible effect, and thus have the patient believe he is being cured, than to spend time and effort—which they know to be necessary—in finding the remedy which is demanded by our law of therapeutics.

This we know to be the cause of the apostacy of a large number who have no excuse to offer for their betrayal of a cause which, when honestly adhered to, is capable of so much good. It is through the work of these pretenders that we often hear it said: "Homœopathic doctors give medicine just as strong, and use as much Morphia and Quinine as the old school use." Of course, those who know an honest practitioner of Homœopathy know better than this, but those who do not know are the ones whom we must enlighten. Therefore, in order that our good

cause may not be made to suffer, let us "be instant in season and out of season." Let us never hesitate to show to those who do not know that the man who takes the name of homœopathist, and who uses crude drugs as an old-school doctor would use them is but trading on the name, and that he is "living a lie." We were willing to resort to the use of crude drugs if only some one would answer for us this question :

"What rhubarb, senna, or what purgative drug  
Would scour these *men* hence? Hearest thou of them?"

G. H. C.

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"THE REPETITION OF THE DOSE of a medicine is regulated by the duration of the action of each medicine. If the remedy acts in a positive (curative) manner, the amendment is still perceptible after the duration of its action has expired, and then another dose of the suitable remedy destroys the remainder of the disease. The good work will not be interrupted if the second dose be not given before the lapse of some hours after the cessation of the action of the remedy. The portion of the disease already annihilated cannot in the meantime be renewed, and even should we leave the patient several days without medicine, the amelioration resulting from the first dose of the curative medicine will always remain manifest.

"So far from the good effect being delayed by not repeating the dose until after the medicine has exhausted its action, the cure may, on the contrary, be frustrated by its too rapid repetition. For this reason, because a dose prescribed before the cessation of the term of action of the positive medicine is to be regarded as an augmentation of the first dose, which, from ignorance of this circumstance, may thereby be increased to an enormous degree, and then prove hurtful by reason of its excess.

"I have already stated that the smallest possible dose of a positively acting medicine will suffice to produce its full effect. If, in the case of a medicine whose action lasts a long time, as, for instance, *digitalis*, where it continues to the seventh day, the

dose be repeated frequently, that is to say three or four times in the course of a day, the actual quantity of medicine will, before the seven days have expired, have increased twenty or thirty fold, and thereby become extremely violent and injurious ; whereas the first dose (a twentieth or thirtieth part) would have amply sufficed to effect a cure without any bad consequences.\*

“After the expiring of the term of action of the first dose of the medicine employed in a curative manner, we judge whether it will be useful to give a second dose of the same remedy. If the disease have diminished in almost its whole extent, not merely in the first half-hour after taking the medicine, but later, and during the whole duration of the action of the first dose, if this diminution have increased all the more, the nearer the period of the action of the remedy approached its termination—or even if, as happens in very chronic diseases, or in maladies, the return of whose paroxysm could not have been expected during this time, no perceptible amelioration of the disease have indeed occurred, but yet no new symptom of importance, no hitherto unfelt suffering deserving of attention have appeared, then it is in the former case almost invariably certain, and in the latter highly probable, that the medicine was the curatively helpful, the positively appropriate one, and, if requisite, ought to be followed up by a second ; and, finally, even after the favorable termination of the action of the second by a third dose if it be necessary, and the disease be not in the meantime completely cured, as it often is, in the case of acute diseases, by the very first dose.”—*The Medicine of Experience, Hahnemann, 1805.*

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\*The following circumstance must also be taken into consideration. We cannot well tell how it happens, but it is not the less true, that even one and the same dose of medicine, which would suffice for the cure, provided it were not repeated before the action of the remedy had ceased—acts ten times as powerfully, if the dose be divided, and these portions taken at short intervals during the continuance of the action of the medicine. For example, if the dose of ten drops, which would have sufficed for the cure, be divided among the five days during which the action of medicine lasts in such a manner as that one drop of it shall be taken twice a day, at the end of five days the same effect is not produced as would have occurred from ten drops given at once every five days, but a far more powerful, excessive, violent [cumulative] effect, provided that the medicine was a curative and positive antidote to the disease.



The question which Hahnemann treats in the above paragraphs is one that should be constantly before every physician. Although it has been written about and much discussed since Hahnemann's day, nothing new or better has been added to it. Its importance cannot be overrated. How little attention is given it in so-called homœopathic colleges can readily be learned from any recent graduate. It is so essential to the proper management of every case of sickness that it should be indelibly impressed upon the memory of every one who professes to have a knowledge of Homœopathy. Without it no case can be intelligently treated.

The choice of the curative is at times comparatively easy. But when to give the second dose and when not to give are the momentous questions.

By following the plain instructions given by Hahnemann no one can go astray. This clear advice is not based upon any theory. It is the result of years of observation by a man whose genius is known—the Sage of Cœthen.

This counsel should be more closely adhered to in treating children and those who are readily affected by remedies; more particularly in paroxysmal affections. It should be our invariable rule never to repeat the first dose so long as the condition which is described above by Hahnemann obtains. Thus, in intermittent affections only give the dose between the paroxysms; never during the attack—preferably immediately after. Then adhere to the guide and the best results will be obtained. The same applies to diarrhoea. If after the first dose—which should be given immediately after an evacuation—there be an improvement, give no more medicine so long as the improvement continues. Convulsions, spasmodic affections, and all maladies of a remittent character come under this rule.

Cleave to this. Watch the results. Then, if you have not been practicing with this constantly before you, compare your success with your previous practice.

G. H. C.

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DR. GUERNSEY'S ANSWER to the correspondence of Professor Edmund Carleton, given in our last number, appears this month at page 323. It constitutes another chapter in the famous Ward's Island controversy.

## THE SYCOSIS OF HAHNEMANN.

A. McNEIL, M. D., SAN FRANCISCO, CAL.

Hahnemann estimated that seven-eighths of all chronic diseases arise from psora, and the other eighth from syphilis and sycosis. It is evident that the far greater part are from the former, so that diseases arising from suppressed fig-warts must be rare. Most of the observing physicians, I venture to say, are of the same opinion. Owing to this rarity we seldom have the opportunity of verifying his views as applied to sycosis, so that I consider it may be instructive if I report a case which occurred to me.

February 17th, 1890, I was called to see Mr. ——. He is about fifty-five, has always been delicate and has had several attacks like the present but less severe. He served in the army during the war, but was discharged on account of chronic diarrhoea, and since then his bowels have always been slightly inclined to looseness. Has had asthma occasionally or, more strictly, in certain locations, since boyhood.

He called me on account of a hemorrhage from the glans penis. I found what looked like a small abrasion on the upper portion near the corona. From the description he gave of its first appearance, I pronounced it herpes preputialis. The hemorrhage had been very profuse although it came from so insignificant looking lesion.

I gave Sulph.<sup>ce</sup>, which appeared to materially lessen the bleeding, but did not stop it. I made several changes, giving also Apis, Rhus, and other remedies until April 3d. There has been no material benefit, and in addition to the abrasion a glandular swelling in the left inguinal region had appeared which had now reached the size and shape, as my patient expressed it, of a mouse. I told him that there was something about his case which I had not learned, and proceeded to examine him *de novo*. He said that before the war he had had

warts (condylomata) on his penis. He had no appetite and an extreme aversion to meat, the pain in the glans at the point affected was as if there was a splinter in the sore.

On these symptoms and his history I administered Nitric acid<sup>500</sup> (the antisycotic that ranks second only to Thuja) in water, to take four teaspoonfuls. Then to be followed by placebos. Improvement set in immediately and proceeded rapidly without any repetition or change of the remedy. In three weeks he was well barring weakness.

I forgot to say that the fig-warts had been removed by instruments. I firmly believe that the sycotic miasm or virus had been deteriorating his health all of those thirty years, and by the indicated remedy was so soon rendered innocuous. Hahnemann's services to mankind consist in other things besides the discovery and formulation of the law of the similars. The psoric theory was a discovery of transcendental value, and notwithstanding many of his professed followers have discarded it, the more advanced minds of the old school are taking it up and utilizing it by forbidding the suppression of disease manifestations by external applications.

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## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

### RANUNCULACEÆ (CONTINUED).

*Ranunculus sceleratus* (the Celery-leaved Crowfoot, Marsh Crowfoot), found in damp places and borders of ditches, but also growing in the water. The leaves of this plant are so very acrid that the beggars in Switzerland are said to produce very fetid and acrimonious ulcers by rubbing their legs with them. They could not well have selected a better medicine in a homœopathic sense, as one of its chief symptoms, when taken by the healthy, is to produce laziness and want of disposition to perform any mental labor. It is to be hoped that after the healing of their legs they may cease to be beggars. It would be interesting to know if the homœopatheity of the drug cured their laziness. There is



a good proving of this drug in Jahr's *Materia Medica*. It produces many kinds of headache. Vomiting, sweetish taste in the mouth, profuse lachrymation, smarting in the eyes, earache of the right ear, smarting in the nose and excessive secretion of watery mucus, sneezing, toothache, and a great many other symptoms. Amongst others it is especially useful for *corns* with intolerable burning, stitches, pricking, sticking, boring pains along the whole sole of the right foot; itching and furious smarting of the soles, *sudden stitches in the forepart of the right big toe, as if a needle were thrust in deep*, recurring at short intervals, sometimes passing into a burning.

*Ranunculus Flammula* (Lesser Spearwort).—Small water crowfoot, also found in wet places. Taste very acrid and hot, a small quantity of the herb eaten produces vomiting, spasms of the stomach, and delirium. Applied externally, it vesicates the skin. According to Jahr it produced inflammation and gangrene of the arms down to the tendons and bone, in the case of a woman, from applying the plant to the wrist. It produces in horses on eating it, excessive distention of abdomen and inflammation and gangrene of the abdominal organs, but it is said to promote digestion when a very small quantity is eaten.

*Ranunculus Ficaria* (Pile-wort. Lesser Celandine).—This plant has been deemed anti-scorbutic, and the root was esteemed as a specific for piles, hence its common name. This is one of the earliest flowers we have, and its shining green leaves and beautiful golden flowers are seen by the side of almost every water-course and ditch in the early spring. Besides its use for painful and bleeding piles, swelling, etc., it is said to have been used with considerable success for external wounds and bruises and spitting of blood. An ointment is made by boiling the bruised leaves with lard, which is said to be very healing. No regular proving of the plant exists.

*Ranunculus repens* (Creeping Crowfoot), very common, found in meadows and pastures, also very acrid, producing smarting of the eyes, profuse lachrymation, and curious dreams; he fancies, while yet awake, that he is in a large city, and sees well-dressed people, masquerades, Turks, etc. I, myself, had a very curious

dream or vision, while awake, some years ago, just as I was recovering from an attack of typhoid fever; for *three nights in succession, immediately on closing my eyes, and while perfectly awake*, I imagined I was standing on the brink of the most profound abyss. The horror caused me instantly to open my eyes, but there was no return of the vision when I closed them again until the next night, when the same thing occurred, it also disappearing on opening my eyes. On the next night it again occurred. It is possible I may have been under the influence of the same drug, or one producing similar symptoms, as I was in the country botanizing at the time, and in a part where this plant grows, but I had no knowledge of such being the case. I have no doubt the drug would cure this condition of things—namely, day-dreams. A proving of it would show what its virtues are. Evidently the *Ranunculus* family produce a good deal of mental languor, and should be especially thought of for sleepy, inactive people, and persons subject to day-dreams, etc. The following were the effects on a flock of sheep: Several fell down as if struck by lightning. The eyes rolled, the breathing was hurried and aggravated; some reeled and died with their *heads bent toward the left groin*. The mucous membrane of the eyes was injected; the mouth dry, the abdomen was slightly distended, rumination ceased; some of them raised themselves, reeled, fell down again, bleated pitifully; most were in profound coma. Sulphuric Ether in milk gave much relief, but great weakness of the feet remained behind.

*Ranunculus acris* (Upright Crowfoot. Meadow Crowfoot).—This, as its name implies, is of a very acrid nature, and was at one time employed externally as a vesicatory. It produces a quicker effect than an ordinary blistering plaster, but it also produces ulcers that are very difficult to heal; therefore it has been used (allopathically) where long-continued topical stimulus is required to produce discharge from the part, as in an issue. The homœopathic materia medica gives no proving of this plant, but only records some of its poisonous symptoms. Applied to the temple it produces headache, intolerable heat and fainting. Applied to the joints, it produces soreness of the joints, and

obstinate ulcers as far as the knees ; both feet looked burnt ; red, hot blisters appeared here and there ; several places became gangrenous on the third day, and trembling and fainting occurred. Wounds of twenty years' standing began to improve after applying a decoction of the leaves to the legs.

*Ranunculus bulbosus* (Bulbous-rooted Crowfoot) common in meadows and pastures in May, easily known by its *reflexed calyx* and bulbous root, the only buttercup at this time in pastures with a reflexed calyx ; so that finding this, one is sure there is a bulb at the bottom of the stem. A curious fact concerning this plant is that the new bulb for the next year is always a little higher up toward the surface than the old one. What takes place the following year I do not know ; if they went on doing this for a year or two they would be out of the ground ; perhaps the rooting process draws them down again. It is the plant commonly called the buttercup, and many think that it is on account of the yellow color of these flowers that the butter receives its yellow color in the spring, whereas the cows will not eat any of the crowfoot while green on account of its hot, caustic taste. This plant was said to be a remedy against the plague. The homœopathic materia medica gives a long proving of it. It has many symptoms similar to *Ranunculus sceleratus*, but whereas the latter produces a lazy feeling, the former produces a *dread* of labor ; it also causes many other mental symptoms, *ill-humor and disposition to quarrel and scold*, fear of being alone, afraid he will be haunted by ghosts. It is also most intensely acrid, merely bruising the roots is sufficient to cause the nose and eyes to stream with water, so that one can scarcely see, smarting and soreness of the eyes, and a host of other disagreeable symptoms. Some years ago I had occasion to bruise and prepare some of these roots. At the time I had a heavy cold in my head. The punishment I received I shall never forget. It seemed as though a fountain had opened in my head. I could not see from the flow of water from my eyes. The nose also streamed with water, but in the morning every vestige of the cold I previously had was gone. This incident shows how true is the "law of similars"—that like will cure like.



This finishes the *Ranunculus* genus as far as they have been used in Homœopathy. The next in order is the tribe Helleboreæ.

*Caltha palustris* (Marsh Marigold), found in marshy places, water-courses, and damp meadows. Its large, golden-yellow flowers almost as large as the Christmas rose (*Helleborus niger*), are well worth gathering in the spring, and make a very handsome bouquet for the drawing-room, with a few only of their shining green leaves, and they last a long time in water. The young buds of this plant, when properly pickled, are said to be a very good substitute for capers. There is some account of this plant given in the *British Journal of Homœopathy*, Vol. II.

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## OBSTETRICS.

WM. STEINRAUF, M. D., ST. CHARLES, MO.

When I read reports of cases of confinement in some homœopathic journals, and the treatment given by the attending physician, I very often feel as if I were reading after an allopathic practitioner. We are there told to have everything done antiseptically; to use Carbolic acid, Listerine, and the like, quite freely in our examinations and explorations. Then, if after a few days the woman should contract a chill, fever, headache, stoppage of the lochia, etc., we are instructed to wash out the womb with the above-mentioned chemicals, to prescribe Aconite in liberal doses, Bromide of Potassium, Quinine, and light cathartics. Now, if this is Homœopathy, I am willing to confess I don't know what Homœopathy is. It is simply allopathy under a homœopathic cover.

But, says one, I do not think it is right to make warfare against physicians practicing this way. Let every one treat his patients as he sees fit, and his victims give him permission. But when these things are advocated by professed homœopathic physicians, and published in professed homœopathic journals, I think it is no more than right that things should be called by their right names. Surely, no one in his right mind can call such treatment homœopathic!

I think one of the reasons why doctors practice this way is, because they have never thoroughly comprehended the great truths promulgated by Hahnemann. They despise crude allopathy, and have fallen into the track of the eclectics. They go by the name of homœopath, but they have no faith in the dynamized drug; they think disease a material thing, and base their prescriptions on the makeshifts of pathology. Instead of reading and studying the *Organon*, the greatest medical work ever written by human hand, they read old-school journals and practice diluted allopathy.

Where women have had such homœopathic treatment as their most urgent symptoms called for during gestation, and where a few doses of the indicated remedy were taken during labor, they have never had the least trouble in getting up sound and well in from five to eleven days after child-birth. But there has very often been serious trouble when they have been physicked before and after labor, and Chloral and Morphine given to deaden pain in their hour of distress. These and other similar measures are not alone not called for, but absolutely pernicious. And an avowed follower of Hahnemann to sanction the like!

March 2d, 1890, I was called to see Mrs. L., who had been confined by a midwife six days previously. She had been liberally dosed with Senna and Salts twenty-four hours after labor, and when I saw her she had had a severe chill, followed by a very high fever; temperature  $105^{\circ}$ , and a pulse of 140. Abdomen was very much bloated, the lochia had entirely ceased; she was vomiting, and quite delirious. Treatment, Nux-vom.<sup>cm</sup>, one dose, to counteract the effects of the previous drugging. When I saw her again the next day, the temperature was  $103^{\circ}$ , and the pulse 110, the abdomen was less tender, vomiting had ceased, and the delirium gone.

The secretion of the mammæ, that had almost ceased, was again re-established; the urine, that had been very scant heretofore, was more profuse, there was less pain when passing it, and the bowels had moved once, and looked more natural. Everything looked more favorable.

I did not think it wise to make a change in the treatment, so I gave another dose of Nux-vom.<sup>cm</sup> and Sac-lac. for another twenty-four hours. At the end of this period the pulse was 100, and the temperature 101°; all other symptoms proportionately better. Two days after the temperature rose to 104°, and again the pulse to 130. Where was the trouble? On examination it was found that there was a very severe diphtheritic exudation covering the right tonsil and pharynx. This accounted for the rise in temperature, as the lady had diphtheria, suppressed by allopathy. I became somewhat alarmed at her condition. What shall we do? Give her Iron, Quinine, gargle her throat, paint it with iodine, and treat the name "diphtheria"? No. We shall treat her symptoms according to the unerring law of Homœopathy. Lycopodium<sup>cm</sup>, one dose, and Sac-lac. Two days after taking this one dose of Lycopodium, the temperature was 99°, the pulse 85, and the membrane had disappeared. I heard from her three days later that she was up and well.

Could we expect a better or quicker result by any known method of cure outside of Homœopathy? Could eclecticism do as well?

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### FATAL ERRORS.

J. H. JACKSON, M. D., FLINT, MICHIGAN.

To be able to repeat a train of symptoms and say to what remedy they belong is quite another matter from being able to recognize or elicit correctly the same symptoms when present in the sick.

One may be able to repeat symptoms by the hundred, and be far from proficient in the art of prescribing homœopathically.

Hahnemann has truly said that when the symptoms of the sick have been committed to writing, by far the most difficult part has been accomplished.

This statement is strictly true. The "*symptoms of the sick*" written down in the exact language of the patient, is by far the most difficult part of the art of healing. Not alone the symptoms that the patient voluntarily complains of, but also the par-



ticular symptoms that the adept in *eliciting* symptoms may bring out by judicious questioning, and in addition thereto the symptoms that the eye alone may discern.

So, not only must the exact language of the patient be recorded in writing, but also the language of each particular case of sickness, such as every visible peculiarity that may be discerned by the sense of sight, or any of the other senses.

To ask direct or leading questions is a fatal error.

To hastily select a remedy for a few or many symptoms that are complained of, without a complete examination of the history of all previous attacks of sickness, particularly in cases that have been treated by improper allopathic-law-of-metastasis-violating-treatment, is a fatal error.

To select a remedy however correctly for a group of symptoms that the patient may complain of, without *going back* to previous maltreated attacks of sickness, and hearing the peculiarities of such attacks, is a fatal error. The picture that the patient voluntarily complains of may be the totality of the *then* annoying symptoms, but such a picture is *not* the totality demanded by strict Hahnemannian Homœopathy.

The examination of the sick in a truly Hahnemannian manner is, indeed, a fine art.

The method of Hahnemann is the *scientific* method—that is the *knowing* method, not the *guessing* method, nor the I-think method, but the knowing method—and if there is one thing above another that we as true followers of an inspired master should ever keep uppermost in our minds, it is that nearly every case of chronic and acute sickness has its genesis in a violation of the law of metastasis by allopathic vital force perverting methods.

To illustrate : a man presented himself for treatment for a group of symptoms that are usually called dyspepsia. The symptoms were many, and not particularly covered by any remedy.

A doctor styling himself a follower of Hahnemann had made sixty prescriptions, and finally abandoned the case with the comforting assurance that the patient was incurable, and would finally die of cancer of stomach.

An examination of the history of this case, elicited the fact that this man had been treated by injections for gonorrhœa some ten years before. Careful questioning made it plain to me that the character of the previous sickness demanded Nuxvomica,\* and upon the strength of the symptoms of *ten years ago*, Nux<sup>mm</sup> was given, with a return of the gonorrhœal discharge and a complete relief of all the distressing symptoms of the stomach, three months in all being necessary to restore the health of this "incurable" patient.

It would have been a very fatal error not to have looked up the past history of this man's ailments.

Another case in illustration. A man consulted me for fig-warts. There were large fig-warts on left side of corona glandis. The corona glandis and part of the glans had projections which looked exactly like the rough part of a cat's tongue.

Gonorrhœa had been suppressed about a year before consulting me. The same homœopathic (?) M. D. had treated this case, and I have no doubt every remedy recommended for fig-warts, that is, the "usual" remedies, had been given. But the fig-warts stood out in bold relief, so did something else, viz.: the *individuality of the patient*.

A careful examination unfolded the fact that the patient had had attacks of headache of a throbbing character that would come suddenly and leave as suddenly as they came, usually at three P. M., and often at three A. M. A very full pulse, prominence of blood-vessels in temporal region. Eyes sensitive to light.

Now, I never before had prescribed Belladonna for fig-warts, and had I been a "usual" remedy prescriber, I probably would never have prescribed it, but as it is a fatal error to give remedies *because* they are *usual* remedies, and as I try to avoid fatal errors, I gave Belladonna<sup>cm</sup>, a dose once a week, and then once in three days, till I found that my patient needed it every night for a few weeks, and the result was a return of a watery gonorrhœal discharge, and a cure of fig-warts, headaches, and all symptoms complained of.

It is plainly a fatal error to ignore the individuality of our

patients, and prescribe "usual" remedies that correspond with pathological lesions.

It should never be forgotten that improper medication locally applied is responsible for nearly all chronic ailments. In all chronic cases too much care cannot be expended in eliciting a correct picture of former attacks of sickness.

Many failures might be avoided by a constant practice of going back over the history of every sickness our patients may have had, and it is the purpose of this paper to burn into the souls of all who may read it that *a violation of the law of metastasis is responsible for nearly all chronic ailments, and the cause of the severity and obstinacy of many acute attacks of sickness.*

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## NOTES FROM PAST MEETINGS OF THE LIPPE SOCIETY.

**SMALL-POX.**—At a meeting of the society, held January 11th, 1881, Dr. Clark spoke of a case of confluent small-pox then under treatment. Dr. Carleton Smith said he had had a chance to try Carnem. (This preparation was given to Dr. Clark by the late Dr. Bayard, of New York, who received it from the late Dr. Reisig.) The patient's face was covered with pustules. One dose of Carnem was given. The next day the pustules had collapsed, and the patient recovered without the least pitting.

[Dr. Fellger was better qualified to speak upon the effects of vaccination and small-pox than any one whom we have ever met. He had given the subject much thought and many years of study. Hence, his remarks are entitled to deep consideration.]

**Dr. Fellger.**—A short time ago I had a case of probable small-pox. Malandrinum was given. The next day the pustules were dry.

It is reported in an anti-vaccination journal that a cow had been successfully inoculated with "grease" from the horse, and the cow had every appearance of an attack of small-pox. I have given Variolinum to hundreds of people, and none of them have ever been attacked with small-pox. I obtained the Variolinum



I used from a child with small-pox—the case being perfectly typical of the disease. I also use it for ordinary small-pox. For the confluent variety I use Malandrinum.

In England, where the cows were milked by women, Jenner could get no vaccine. It is found only where men milk the cows, and at the same time groom the horses. They thus carry the horse disease to the cows. In one family, where the father had confluent small-pox, I gave Variolinum as a prophylactic to the others, and not one of them took the disease. I knew of a case of a broker, in this city, who is now well marked from small-pox. When a child he was vaccinated, and became idiotic in consequence. When sixteen years old he had a violent attack of small-pox, after which he recovered his reason.

Variolinum is indicated in small-pox where there is not much pain. The patient can even eat a good meal. The skin looks natural between the pustules. This is a mild form of the disease. It needs scarcely any treatment. Small-pox is dangerous where there is an unnatural color of the skin between the pustules, and the disease takes the confluent form. The appearance of the eyeball is important in this disease in making a prognosis. Where the eyeball is white and natural, there is no danger. But if it be red and much congested it is dangerous. I have just had a case of small-pox in a child, who vomited immense quantities of blood before the pustules appeared. This was controlled by Hamamelis.

VACCINATION.—Dr. Fellger said that vaccination was against common sense. Dr. Jenner, the originator of vaccine, confessed that the cow acquired the cow-pox from the fetlocks of the horse.

Dr. Lippe said that Thuja was a great remedy for diseases of the fetlock in the horse. Thuja also was effective in syphilis. This leaves a field for speculation as to the essential nature of the disease of the fetlock in the horse, from which the cow gets the cow-pox.

Dr. Fellger said he had used Malandrinum with great success in diseased conditions from vaccination.

NOSODES.—Dr. Fellger returned to the subject of nosodes. He

said it was absurd to claim that any disease could be cured by its nosode, for, after potentizing the nosode, we cannot be satisfied that it is in the same condition as when first taken from the diseased individual. Thus the syphilitic poison is composed of molecules: the molecules of atoms. When the poison is potentized, the essential character of the molecules is undoubtedly lost, and hence it is not the same substance any longer. Therefore, there can be no certainty that the potentized preparation is the same poison. But if, for argument, we allow that the molecules of the poison can be potentized without change of character, we still are not relieved of the dilemma, for primary syphilis in any one person will make a different set of symptoms from syphilis in another person. The variations are endless. Hence we must then have a potentization of each one of these different kinds of syphilis, which would be impossible. Mercury is a stable substance, always unchanged; it might then be expected to produce identical sets of symptoms on any number of the most different people. Yet its action is different upon every person to whom it is given. How much more, then, must be the individual variations in the case of the poison of syphilis, and if Mercury requires so many different remedies to antidote it, how much more, then, must syphilis need a variety of remedies to treat it. It is folly, then, to expect to treat symptoms with its nosode, and the folly the more apparent when we realize that the character of this nosode is essentially changed in the process of potentizing. The only way, therefore, to use a nosode is to *prove* it on the healthy, like any other drug, and note its symptoms in the regular way. In this manner only can the scope of its action be determined. Dr. Lux was the real founder of isopathy. Dr. Reisig was traveling in Europe. He heard Lac-caninum suggested as a remedy for throat diseases. Reisig investigated it, and found out from its rather meagre pathogenesis that it had a striking relation to the throat. He brought his information to America, and communicated it first to Dr. Bayard. Thus was Lac-caninum introduced to the materia medica. It was afterward elaborately proved by Dr. Samuel Swan, to whom we are indebted for its present development.

G. H. C.

## REPORTS OF CLINICAL CASES.

G. M. PEASE, M. D., SAN FRANCISCO, CAL.

Read before the California State Homœopathic Medical Society, May 14th, 1890.

**PNEUMONIA.**—Mrs. Y., a very fleshy woman of about thirty years, was taken with a severe chill during the night previous to my visit. When seen she was breathing rapidly—forty-eight respirations per minute—had a pulse of one hundred and forty; frequent short, hacking cough; considerable thirst for moderate quantities; flushed face, and great restlessness, each change of position giving relief for a moment.

Rhus-tox.<sup>200</sup> was prepared in water and a dose given at once, to be repeated in one hour, but afterward not oftener than once in two hours. As soon as she was aware of improvement no more of the remedy was to be taken unless getting worse. The next day she was found with normal pulse and respiration. She had taken but two doses, as before the time for the third she felt easier. There was no cough or expectoration following, and on the next day she resumed her household duties. No auscultation was made, but from the symptoms manifested there could be little doubt as to the nature of the trouble.

**PLEURO-PNEUMONIA.**—Mrs. M. had been treated for la grippe by her allopathic physician, and after a week or more of steadily getting worse, her doctor sent word that he was too sick to attend her. Homœopathy had been tried for the children, and in the emergency she concluded to risk it herself. When seen she was sitting propped up in bed, breathing rapidly, forty-two respirations per minute, and screaming with nearly every breath on account of the cutting pains in the left side; her pulse was irregular but about one hundred and sixty per minute, and temperature one hundred and three and four-fifths. Frequent coughing was attended with extreme pain. Thirst



great, could hardly get enough water. A few hours previously there had been some vomiting. A physical examination was not possible owing to a plaster on the back, a flaxseed poultice on each side, and flannel saturated with tar, turpentine, and oil on the chest.

The applications were at once discontinued, and *Bryonia*<sup>200</sup> given in water every two hours. She was first seen about five P. M. A much more comfortable night than the previous one was passed.

The following afternoon showed great change; temperature, one hundred and one-half; pulse, one hundred and ten; very little thirst; cough loose, some expectoration, a portion of which had been rusty-colored, as reported by her husband. Pains much less. No change was made in the remedy, except to lengthen the intervals to four hours between doses.

She steadily improved, and the case was dismissed on the sixth visit. *Sac-lac.* was given after the third day.

**DIPHTHERIA.**—On Tuesday, Mr. M. was feeling poorly, gradually getting worse, so that by noon he was obliged to give up his business. Felt feverish and weak, his knees were so weak that they ached. Throat was a little painful on swallowing, worse on left side. He retired early, and upon getting into bed had a severe chill lasting for nearly half an hour. He was inclined to be restless, but compelled to keep pretty quiet because the least movement toward a cool place would bring a return of the chill. There was no thirst. Upon inspection the throat looked simply a little inflamed. He was not subject to sore throat. About nine P. M. a single dose of *Rhus-tox.*<sup>200</sup> was given.

In the morning of Wednesday, less fever, but very weak. Left tonsil covered with a large patch of membrane, the right with a small one. He could taste and smell his foetid breath. No medicine. Thursday the membrane was gone from the right side and was much less on the left. No fever, breath less foetid, was up and dressed in his room. Thursday evening, membrane still less in extent and very thin. Friday, membrane

entirely gone, no pain in the throat, appetite returning, felt as if he had been sick a month. Saturday, out about his business. Only one dose of medicine was given, no washes, gargles, or local treatment of any sort was employed.

**CHRONIC DIARRHOEA.**—S. has had chronic diarrhoea for two or three years, at times better, but never having less than four or five discharges daily.

In many points the description might agree with any one of a dozen remedies. Close questioning, however, elicited two very important guiding symptoms. About the middle of the forenoon, or from ten to eleven A. M., he had an empty, unpleasant feeling at the stomach, which compelled him to eat something. When in bed his feet were hot to the extent that he was constantly moving them to find a cool place, even sometimes putting them from under the covers.

Four doses of Sulphur<sup>200</sup> were given him, to be taken during the following twenty-four hours. In a week he reported that there had been an almost instant change of his symptoms, and he had craved and eaten meat, to which he had previously had a great aversion. This symptom I had not learned on his first call. In another week he reported himself as well, could eat anything his fancy dictated, and there was no more diarrhoea, the only symptom remaining, as far as he could see, was the occasional empty feeling at the stomach about eleven A. M.

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## DYSMENORRHOEA.

L. L. HELT, M. D., FRANKLIN, O.

On the fourth day of last June, at that time living in Columbus, O., was hastily called to see Miss G——, on Irving Street. The messenger, a little sister, informed me that “sister is going crazy.” I at once responded to the call and found the young lady in a condition quite bewildering upon first notice. Face pale, eyes protruding, bright; labored respiration and irregular, apparently oblivious to everything around her. The mother

told me she had just fainted and was "coming to." Feet and hands cold. Great thirst, only a sip at a time. Gave her Ars.<sup>3x</sup> in water. Whether it was efficacious or not I can't say, but believe the severity of that "storm" was past and would have done as well on placebo, as she had had those "spells" since puberty, six years ago.

In a few days she came to my office and gave the following history :

"Began menstruating at my twelfth year and have always had trouble. My old doctor used to give me morphine pills and whisky, but I kept getting worse. (How funny !)

"For three or four days before flow begins I feel as though I had rheumatism, and think every day I was coming sick.

"Severe cramps in abdomen at irregular intervals, cramps stop either first or second day of flow. Just before flow begins am *very chilly* or *very hot*. No headache. *Delirious* and *fainting* during first two days of flow ; can't lie down in bed and not relieved by fanning ; always in bed three or four days.

"With the delirium I always *see something alive*. *It may be on wall, floor, chair, any place, but it will roll upon me*, then go away, only to return, by *rolling up on me*. *It always rolls*. It changes form sometimes, but it *always rolls*. It usually has arms and small body."

Gave *Cocculus Ind.*<sup>3x</sup>, dil. on disks, three every two hours for four days.

September 28th.—She has just passed third cycle since taking R and says she has never even known what pain is since taking medicine, and is in perfect health, something she has not had for six years.

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## ANOTHER ANSWER TO DR. ALLEN'S PROTEST.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN:—In reading Dr. Allen's Protest, I come to a portion of it in which I cannot agree with him. He classes *me* with the allopaths, because I use high potencies and report clinical symptoms, thus filling the journal full of rubbish and trash that is not worth



the paper upon which it is printed. Of course the shoe fits me and I want my say about the matter. A proving first upon the healthy is always desirable. This is Hahnemann's teaching. But if you throw out valuable clinical symptoms that have been obtained from the experience at the bedside you will throw away a great deal of the most valuable part of our *materia medica*.

I cannot see how the Doctor classes clinical symptoms with high potency allopathy. I never knew that the allopath ever prescribed upon clinical symptoms; their prescriptions are always based upon some pathological idea.

I am called to treat a sick patient and I take the totality of the symptoms. I find the remedy. I find also other symptoms not mentioned in the *materia medica* that the patient has. I prescribe the indicated remedy from the most prominent and peculiar symptoms. They are cured, also the rest of the symptoms which are clinical. Now I have learned something new about this remedy from clinical observation. If I had no observation I would not pay any attention to these symptoms, which are not recorded in the *materia medica*. Having observation, however, I notice these symptoms and put them down for further verification in other cases and thus determine if they are true and reliable. I think that the suppressing clinical symptoms that are thus found reliable would be a great wrong.

The value of the remedy is determined by provings upon the healthy and by clinical symptoms that have been well verified until a further proving may develop the true picture of the drug.

A confirmed clinical symptom is as reliable to prescribe from as a symptom from a proving. The drug would not cure if not able to produce this symptom upon the healthy.

Hence it is not allopathic empiricism, even though it has been derived from observation or experience with a sick patient. It is a practical observation obtained during the process of healing, and not from any pathological supposition.

Take an instance: *The child gets upon its hands and knees at*

night and sleeps that way. This symptom can't be found in the materia medica, yet it is a well verified symptom, belongs to only one remedy, and that one always cures this condition. I have verified it hundreds of times ; this is only one symptom, and other symptoms of the remedy are present, but one symptom is valuable when no more can be obtained from the patient.

I give here an empirical allopathic, prophylactic, cholera prophylactic.

R Magnesia Sulphite, . . . . .	2 dr.
Sulphurous Acid, . . . . .	16 dr.
Water, . . . . .	16 dr.
Tincture Capsicum, . . . . .	4 dr.

M. Dissolve perfectly.

Sig. Teaspoonful night and morning.

This is what the doctor classifies with symptoms cured by high potencies. I cannot see any analogy whatever. He may not, however, have the same focus ; this probably is where the fault lies, we don't see alike.

I have great respect for Dr. Allen. I have all the books he has ever published and I know he has done a great work for Homœopathy in his great materia medica ; but upon the value of clinical symptoms I will have to differ with him. I would rather have them to prescribe from than the R of cholera prophylactic. A high potency will not suppress or kill as quickly as a scientific(?) mixture of strong drugs.

I have been helped out many a time when I would have been obliged to use a palliative but for a well-known clinical symptom.

G. W. SHERBINO.

ABILENE, TEXAS, May 2d.

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JARRING or rattling of wagons head sensitive to, also to stepping hard, Nit-ac. Abdomen sensitive to jarring, Lil-tig. Jarring when sitting in a chair or lying in bed, Aloes. Sensitiveness to, and aggravation from jarring the bed is the great key-note of Belladonna.

## EPIDEMIOLOGICAL.

DR. KUNKEL, OF KIEL, A. H. Z., 7, 90.

Returning in July from Wisbaden, I found a malignant epidemic of diphtheria, and the epidemic remedy—*i. e.*, that which carries the patient through *in every stage*, was Mercurius-sol. 3d c., which always sufficed with me in that disease, where others rely on different mercurial preparations, as the Cyanide, for example. Indications: Nocturnal aggravations, heat, with desire to uncover, thirst, the characteristic fœtid breath, slight coating of the gums. Heat from feather beds unbearable; they not only uncover, but the head looks for a cool spot on the pillow. Constipation or diarrhœa, both with tenesmus, the children hold on to the vessel after the stool; jumentous, foul-smelling urine; night-sweats, also of a foul odor. Such easy treatment suited for six weeks, when Mercur. ceased to be of any benefit, as the picture of the disease had changed, and the epidemic remedy was now Aurum for awhile. Indications: high fever, one hundred and four to one hundred and five, enormous swelling of the cervical glands coming on rapidly; foul, unbearable odor from the mouth; sometimes an eruption, reminding one of scarlatina; foul alvine discharges; urine saturated. Though cases were malignant enough, Aurum acted now as promptly as Mercur. did before, especially in relation to the fever, only it took a longer time to recover on account of the glandular swellings. With the Aurum cases it also was characteristic that the nasal membrane suffered from the diphtheritic process. Nose clogged up, discharging a watery, foul fluid, redness and sensitiveness of the nose. Simultaneously with the diphtheritis the usual summer diarrhœas appeared, sometimes very severe, and Veratrum-album was the remedy; copious vomiting and copious stools; coldness of the whole body, cold sweat, especially of the forehead; collapse imminent; thirst for cold drinks in large quantities, which were not well borne; scanty urination. At once



Veratrum began to fail and Apis took its place, 7th x. Lighter cases with more diarrhœa and some tenesmus. During the fall more sporadic cases, especially of diphtheria. In one very severe case, a child of seven years, with the necrotic form, the stench in the room was unbearable; uvula and soft palate seemed destroyed, but Secale-cornutum 3d c. removed the disease in a few days, so that the child was able to run about, with satisfactory appetite, when paralysis of the heart finished the case. In several other severe cases, though not necrotic, Secale acted well. Now influenza followed, and Kunkel could not find the epidemic remedy. The influenza became dangerous by its complications, especially diseases of the respiratory organs, pneumonia, following a bronchitis or pleurisy; in the former Phosphorus 3d, in the latter Bryonia 2d or 3d, also Arsenicum were the remedies, at the beginning of the disease, with severe headache, vomiting, deliria, photophobia, vertigo, and congestions to the head. Belladonna often cut short the disease, though many cases recovered rapidly without taking anything. Indications for Arsenic: Thirst, but little suffices; restlessness, wants the head raised up; with the dyspnœa anguish, awaking with anguish and deliria. It is a well-known fact that epidemics of influenza precede cholera, and it was remarkable that the most effective remedies in cholera (Arsenicum, Cuprum, Veratrum, Phosphorus) yielded the best results in the most severe cases of influenza. Cuprum acted especially well in pneumonia of senility and of drunkards. Cuprum in such cases may prevent cardiac paralysis, and it may be, perhaps, advisable to give Cuprum for a few days during the convalescence from severe influenza.

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This indication for Cuprum ought to be verified before being incorporated. I, for one, feel glad to have another anchor to hold more firmly the fast-ebbing life in cardiac paralysis after severe zymotic diseases, for I lost several cases during convalescence when my warning voice was disregarded, and they succumbed in spite of Camphora, Veratrum, Carbo-veg. In the collapse of Cuprum cramps are especially prominent, so it is said, but there were none present in my cases, and uræmia could

be totally excluded. They fell asleep because the weak heart had lost its propelling power ; and, let us make a mark of it, that when this lack of reaction takes place in patients run down by the severity of the disease, our first duty is to keep the patient strictly in a horizontal position, even during defecation and micturition ; the nurse must feed the patient, as it is done in Mitchell's treatment, and our second duty is to remember Cuprum in its action for a weakened, and often dilated heart.

S. L.

### "THE VALUE OF TRIVIAL SYMPTOMS."

G. M. PEASE, M. D., SAN FRANCISCO, CAL.

Under this heading, on page 146, April number of THE HOMOEOPATHIC PHYSICIAN, are some fine thoughts.

The first paragraph I would like to have considered as a prelude to the report of a case which was under treatment some years ago.

A gentleman had been a sufferer for fifteen years from intermittent fever. He had tried several physicians of both schools, without the slightest benefit, and although he had been pronounced incurable he had hopes to the contrary. Under such circumstances unusual care was taken in writing out his case, that no point should be lost in its study. After six months no improvement was manifest, and, losing courage, I felt obliged to acknowledge defeat, but he insisted upon further trial.

The patient had been closely questioned many times, with the hope that some new and, perhaps, guiding symptom might be found.

Now it was proposed to regard him as if seen for the first time.

I suggested that in his recital he begin at the head and go down to his toes. At the mention of toes he was reminded of what, he thought, was of no account, though the symptom had existed for years. When he took off his boots *at night* the ball of the right great toe invariably itched.

In those days we did not have the many repertories that now

assist us, but I remembered to have seen somewhere in my readings this apparently absurd symptom, and without further delay a search was begun which resulted in finding the almost identical symptom under *Natrum-sulphuricum*. Nearly every other symptom was pictured under this remedy, and a rapid cure followed its administration, and two persons, patient and doctor, felt like putting a big feather in the cap of Homœopathy.

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### LA GRIPPE.

(SOME THOUGHTS ON THE LATE INFLUENZA, BY DR. KUNKEL, OF KIEL. A. H. Z., 11, 90.)

Perhaps many a person suffering from la grippe never asked for medical advice and recovered anyhow, but children were often, from the very start, severely handled. Headache and vomiting all through the attack were witnessed in most patients, and *Aconite*, given from the start, seemed to cut short the attack. Cough was the most troublesome symptom; *Sabadilla* seemed indicated for a dry cough, worse before midnight and during east wind; *Arsenicum*, worse after midnight, and children had to sit up when severe coughing set in; sleeplessness, nightmare, waking up frightened, deliria, thirst, but drinking aggravates the cough. *Veratrum-album*, aggravation before midnight; great thirst and desire for large quantities of cold drink, but worse after drinking; general coldness of body, great malaise, cold frontal sweat. *Phosphorus*, laryngeal cough with sensitiveness of the larynx, hoarseness, pleuritic or bronchitic symptoms, palpitations, pains around heart, sweat during sleep, which disappears when waking up, must sit up for relief; vertigo, sleepy in daytime, especially afternoons. *Cuprum*, a worrying cough at different times of day in children, with spasms, turning eyes upward, bluish tint of face, twitchings during sleep. *Bryonia*, cough with pleuritic manifestations, etc. *Carbo-veg.* 3 or 6, cough with hoarseness, burning pain in larynx, worse before midnight, gastric symptoms heavily coated tongue, foul breath, flatulency.



The grippe becomes dangerous by its sequelæ, especially pneumonia, whose appearance had nothing in common with genuine pneumonia, no initial chill, etc., spreading rather in a sneaking manner, from the pleura or bronchi, and when from the former, Bryonia often sufficed for a cure. Broncho-pneumonia was often preceded for several days by cough of a spasmodic character. Gradually short breathing set in and here Arsenicum acted well, also Phosphorus, according to their indication, and Sulphur had to be interpolated where psora showed its cloven foot. Sometimes the indications could not be relied on, as the picture of the disease was constantly changing and the physician felt grateful when the cough ceased, though his intervention could not be praised for it. *Cuprum* was our stand-by in the advanced stages of complicating pneumonia, for cardiac paralysis often suddenly finishes the case. Sudden attacks of suffocation with deadly anguish set in, the diaphragm is in continuous action, while the thoracic muscles seemed to have ceased to labor, and if *Cuprum* 3d, 6th, or 30th fail to prevent a second attack, the patient's doom is clearly foreshadowed.

I treated an old lady of seventy years, who, after a severe attack of influenza was taken down with right-sided pneumonia, and though Bryonia and Phosphorus removed the inflammation, collapse set in with total aphonia from mere weakness, pulse small and irregular. *Cuprum* saved her life. About a week ago I had to visit a little girl of four years, whose sister recovered from diphtheria under *Mercur-cyanatus*, but it failed in her case, and *Aurum* was substituted, which ameliorated somewhat, but it invaded the larynx with dyspnoea, hoarseness, a thickly coated, yellowish-brown tongue, especially at the root (a keynote for *Carbo-veg.*), foul breath. In the evening I prescribed *Carbo-veg.* 3d c., the medicine acted so well that dyspnoea and hoarseness disappeared, the child fell into a quiet sleep, but died suddenly in the morning. *Cuprum* might have saved this life. In fact, the most grave case of diphtheria may yield most beautifully to our treatment, and still they do not exclude the danger of a final cardiac paralysis, when everything looks favorable for a speedy recovery.

In several cases of diphtheritis, otitis media suppurativa was a disagreeable complication, but yielding to Silicea and Calcareo-carb. In a little babe of eight weeks, meningitis with its cri-hydrocephalique followed. Apis 3d c., was given successfully, but the suppuration lasted longer, sometimes interrupted by vomiting. Silicea and Calcareo in repeated doses finally removed this psoric complication.

Influenza, in fact, is worse than cholera, for it causes recrudescence of old sufferings, and it is well for the patient when we can find out what remedies suited his individual constitution and helped him before. Anamnesis first and the remedy is more easily found.

## PROVINGS OF SYPHILINUM.

SAMUEL SWAN, M. D., NEW YORK.

(1.) Jan. 27th.—Dr. H. took, at 3.30 P. M., a powder of one of Dr. Swan's high potencies of *Syphilinum*; another dose at 4 P. M., and at 4.35 P. M.

Had been suffering from a bad cold, with considerable cough and expectoration and catarrh, but that is now relieved very much by *Pulsat.*, some four or five days ago. The mouth, jaws, teeth, gums, and articulation of lower jaws have annoyed him by a soreness and tenderness for several days, so at times chewing food is uncomfortable. The scaly eruption over *os coxae* is again present, and has annoyed him for several weeks; at present it is worse than for some time.

At 4.40 P. M. (five minutes after the third dose) noticed aching, as of bruise, in adductor muscles of left leg. At 4.45 P. M., the pain had extended to anterior tibial region, lower third; also similar pain in right costal region anteriorly. At 5 P. M., took fourth powder. The pain in costal region continues slightly, and slight dull frontal headache is noticeable. All of the pains thus far are of a bruised character.

Jan. 28th.—No other symptoms were noticed until this morning. He got up rather hurriedly, with colicky pains in abdomen, and rather loose diarrhoeic stool, at 7 A. M. Had a similar

attack at 9 A. M., with some tenderness of anus after stool. Noticed the nasal discharge to be slightly discolored with blood on two different occasions this morning; had not noticed this before. Noticed also the cough has almost entirely, if not quite, gone.

Jan. 29th.—No further symptoms noted. The cough has not troubled him, but the nose still annoys him at times. The jaws still ache when chewing.

(2.) October 17th, 1888.—Dr. J. reports the following case of poisoning: In early part of February, 1887, I attended to a cut on head, and after binding it up, tried to tear the bandage. It tore hard, and when it gave way my left thumb-nail cut the second joint of right second finger. I paid no attention to it, as all former cuts had healed nicely. Next day was called to a case of prolapsus uteri, and replaced it. Since learned that the woman had been a prostitute, and had syphilis. The next night was called to a case of labor; the woman has since died, and I have reason to think of syphilis in some form. Not then knowing these facts, and my finger not healing, wondered at it. Some time in May my skin became covered with the syphilitic maculæ, and then I began to realize what was the trouble, and placed myself under the care of a Hahnemannian physician.

After the maculæ followed the headache; mind dwelt upon suicide; had to exert all my will to keep from it. The sufferings were terrible; no sleep, except with cold water or alcohol on a cloth, and laid upon eyes and forehead and temples; must have head high. Was in the country when at the worst (June, 1887). One day feeling so very despondent, took *Aurum*<sup>cm</sup> on tongue, and slept all that night, and continued to improve, all except the hearing. Began to grow deaf, with all the noises possible (still have the hissing); could not hear a person without they halloed very hard; no sound from clocks, or trains passing; and one day, when I went down-town, it was as still as death. Hearing is nearly normal now. Kept along feeling fairly, until May 8th, 1888, when a severe chill took me, high fever; could not lie, sit, or stand; better moving, though that was painful. Took *Rhus-tox*<sup>cm</sup> at last, which helped; better



next day. Then began to grow sick ; swelling of right epididymis, which formed an abscess, and discharged. Strabismus of left eye, with diplopia ; iritis. Headaches slight ; mind good, except disheartened. Dyspepsia, which *Mercury* aggravated. Now began to eat pop-corn, and have continued to-day to eat two quarts after dinner. In June, 1887, lost my eyebrows, which dropped out, and in June, 1888, my countenance was awful ; weight went down to about 135 pounds, now weigh 165. The sore on finger was eight months healing, and still shows redness, and is less firmly adherent to bone.

To-day feel better than for two years, although there is still the noise in both ears, and difficulty in hearing some noises, such as front-door bell, ticking of my watch, which I have to press against ear, and some words which begin with S, T, and a few other letters. Have begun to use glasses to read and write with.

(3.) *Syphilinum* in high potency has cured tinnitus aurum, especially in right ear, worse at night.

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## PROVINGS.

EXTRACTED BY E. W. BERRIDGE, M. D.

*Cannabis Indica*.—The effects of *Haschisch* are given in *Cassell's Saturday Journal*, Feb. 8th, 1890, p. 476.

A lady imagined her body divided in half, the lower portion running away. Under the dreadful apprehension that life would cease if they were not quickly re-united, she gave chase to the seceding lower half.

A lady imagined her toes leaving her one by one ; then her lower limbs ; the fingers, forearms, arms, and lower part of the trunk followed, and just as her heart was struggling to escape she awoke. [I conclude "awoke" means "awoke from her hallucination," as there is no mention of sleep.—E. W. BERRIDGE.]

A gentleman walked ten miles, or more, visited several friends, acting rationally all the time, but without the slightest knowledge of what he had done. He was surprised on finding

himself at the extreme end of the city, without knowing how he got there. When he subsequently learned of the visits he had made, carrying on conversation in a natural manner, appearing only a trifle dull, he could scarcely believe it.

*Tabacum*.—In *Titbits*, 1889, vol. 16, May, page 61, a correspondent writes that smoking caused in him color-blindness, and that on more than one occasion he gave a sovereign instead of a shilling, through this defect. This has not occurred since he ceased smoking.

## CORRESPONDENCE.

NONCHALANTA, KANSAS, April 2d, 1890.

EDITORS HOMŒOPATHIC PHYSICIAN :—There is *one* thing I wish you would do for the good of all your readers, and *this one* in particular. I am sure this *one* thing would be of highest importance to the great mass of your very large circle of readers. It is this: To publish in THE HOMŒOPATHIC PHYSICIAN a repertory of "*the red string symptoms*," the peculiar characteristic symptoms of the drugs containing them. For instance, Sabina has the *pain from back to pubes* in most complaints. Phos., the *great sense of weakness and emptiness in the abdomen*. Plumbum, *string pulling from abdomen to the back*, etc., etc., etc.

Such a repertory would aid in selecting the proper remedy. I don't mean it to be *the only* symptoms from which to prescribe, but *the symptom to lead to the true* remedy covering *all* the case.

Fraternally,

W. A. YINGLING.

[We have such a repertory as above described partly finished. We have no idea when it will be done, as we are already over-taxed with the combined duties of the journal and our practice. Dr. Lee's *Repertory of Characteristics* will be, when it is finished, a complete index to all characteristics, key-notes, and red string symptoms in the materia medica. The second chapter upon the head, for which so much inquiry has been made, is at last nearing completion—five forms, representing eighty pages, having been run through the press.—EDS.]

## A STUDY IN MATERIA MEDICA.

J. T. KENT, M. D., PHILADELPHIA, PA.

There is a physician in this city, or at least he has a sign on his door, going about day and night seemingly not in his right mind, or if he be perfectly sane, what he does and says might be attributed to buffoonery (Stram.) with desire to calumniate (Ipec.), but if a very generous view be taken of the matter, he is not responsible for his words and conduct. He bellows on the street (Bell., Canth.), and assumes an air of importance (Hyos., Stram.). Some of his friends have observed great anxiety with sweat (Ars., Graph.). There is great awkwardness about his movements and he drops things (Apis). He is advanced in years prematurely (Bar.-c., Ant.-c.); he is said to be astute in his madness (Anac.), and is much worse in his mental aberrations when alone (Elaps., Phos., or Stram.) with no one to talk to. He is given to alternations of humor (Ignatia), *i. e.*, irritability with cowardice (Ran.-bulb.). He is very jealous (Hyos.) and seems to have an aversion to his own business (Sepia or Kali.-c.) because he attends so diligently to that of others. He has not manifested any desire to destroy his own clothing, but often rips his neighbor's coat up the back (Verat.). In all his ravings he is tearless, yet he is anxious from a slight noise (Caust., Silic., or Aurum), and he seems to dread a storm (Nat.-c., Phos.). He has at times shown great apprehensiveness (Hyos.) with an active cerebral hyperæmia (Glon.). He sees faces from every corner (Phos.), and was known to make rapid movements in the street at the sight of a hand-organ (Phos.-ac.), so great is his aversion to music. Sometimes he thinks he sees cats (Puls., Stram.) and is said to be childish in his behavior (Crocus). Again he imagines he sees far into the future (Acon., Phos.-ac.), and his comprehension is decidedly difficult (Lyc.) especially of what he hears (Cham., Nat.-c.). He frequently manifests a lack of self-confidence (Bar.-c., Kali.-c.), because he



knows that there are people living who know the real cause of his insanity (Phos.). Occasionally his conscience troubles him (Ars., Cocc.), and a small boy frightened him the other day by saying "rats!" (Calc.). He often looks back as if pursued by enemies (Dros., Lach.). He went home and looked in the looking-glass and thought he saw a goose (Hyos.). At times he is of a slanderous turn of mind (Nux) and lacking in moral feeling (Anac.). His pride is wonderful (Plat.). He often walks in his sleep (Phos.) and starts at a slight noise (Borax) and has a dread of thieves (Ars., Lach.). Perhaps a nosode would cure him if the product of his disease could be run through Dr. Swan's potentizer. The remedy that causes the totality of symptoms does not appear, even after long study. Even "Christian Science" has failed to make a man of him. It has recently been reported that he has resorted to stimulants, and still he fails. Is there no saving a man who will not save himself? Echo answers, "no saving!"—*Journal of Homœopathics, May No., page 13.*

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### DR. GUERNSEY'S DEFENSE.

EDITOR OF THE HOMŒOPATHIC PHYSICIAN:—Your favor of the 31st of May, calling attention to a marked copy of the June issue of THE HOMŒOPATHIC PHYSICIAN which you kindly sent, is at hand. On turning to the page indicated in your note, I find a letter from Dr. E. Carleton. The resolution to which Dr. Carleton refers is identical in sentiment, if not entirely in language, with the one passed by the New York County Homœopathic Medical Society several years ago, but at a later date rescinded by a small majority under the leadership of Dr. Bayard. The commissioners had sent the communication from the County Society respecting the Ward's Island Hospital to the Medical Board to answer. The resolution was part of the proceedings of the meeting, and was forwarded to the commissioners as part of the minutes. Several weeks later, Dr. Carleton, who was not present at the meeting—in fact, he has not been present at any of the regular meetings of the Medical

Board for several years—addressed me the letter published in your journal. Simply as a matter of courtesy, this letter was read to the Board and a minute made of Dr. Carleton's dissent. No answer was sent, as in my estimation none was required. It is a pity that Dr. Carleton has not always been so eager to avoid the appearance of consent by silence. At a later date, I was requested by several members of the Board to get the opinion of its members in regard to a change of name, as the commissioners contemplated changing the names of several of the institutions under their care. This I did, in a letter addressed to each member of the Board. I have no doubt that Dr. Carleton thought it was obligatory upon him as a gentleman to send to the public print a letter written by the president of a hospital in the strict discharge of his official duty.

Possibly, if Dr. Carleton would take more direct interest in the hospital itself and attend more closely to his official duties, it might save him the trouble of visiting his supposed grievances upon the public.

Respectfully yours,

EGBERT GUERNSEY.

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## DIPHTHERIA.

WM. STEINRAUF, M. D., ST. CHARLES, MO.

There have been quite a few cases of diphtheria in our city during the past two months, and quite a number of deaths therefrom. In a good many cases the diphtheritic exudation was accompanied with what is known as scarlet rash or German measles. I will state right here that the use of high potencies has given the best results in these cases. One or two doses of the indicated remedy was generally, might say always, all-sufficient.

Nasal types of a severe form, such as we had them, were well met by Bromium, Lac-caninum, Lachesis, Lycopodium, and Sulphur. Most cases required Lachesis or Lycopodium. In the croupous forms Bromium or Lac-caninum; in the hæmorrhagic types Lachesis or Sulphur.

No swabs, no gargles, no external means of any kind were employed, and the results were all that could be desired.

When the last and greatest complication arises; no reaction, constantly and steadily sinking, cold and clammy skin, cold sweat, stupor, give Sulphur at once. These cases invariably die unless a dose or two of Sulphur is interposed.

Is there a prophylactic against diphtheria? For the last three years I have obtained Diphtherin<sup>cm</sup> (Swan), and in every epidemic since I have given my patients this remedy, two or three doses a week. With what results do you ask? So far I have never had a case of diphtheria where this was given as a preventive.—*American Homœopathist*.

## THE INDIANA INSTITUTE OF HOMŒOPATHY.

The Indiana Institute began its twenty-fourth annual meeting at Indianapolis May 14th, 1890. After prayer by the Rev. E. P. Whallon, a warm welcome was given to the doctors by Dr. O. S. Runnels, who was followed by the President, Dr. J. F. Thompson, with his address.

He made a retrospect of Homœopathy, noting its effect upon medical practice, and also gave a glance as to its future possibilities. He claimed that to Homœopathy is due all the radical modifications of the allopathic school during the last fifty years, while the true homœopathic physician of to-day is following the same fundamental law of cure discovered by Samuel Hahnemann one century ago. That principle is as plain and emphatic now as it ever was. Each one of nature's products, he said, is capable of exerting some influence upon some other of her creations, either good or bad, or, under certain and different circumstances, both good and bad. But nature provides the way in which that influence must be exerted to produce those effects. The same power which gives life takes it again, and the same power which takes life in one instance gives it in another, but both are invariably done according to some law established and laid down by that power. Consequently, if nature fixes by law the amount of a drug or agent necessary to produce death,



why, also, does she not fix the amount necessary of such drug or agent to restore a diseased condition, and thereby prolong life?

The bureau of surgery was opened with a paper by Dr. R. St. J. Perry, of Indianapolis, which was discussed up to the noon hour, when adjournment was taken until two P. M., when a report on the condition of Homœopathy in Indiana was made by counties. There are two hundred and thirty homœopathic physicians in the State, and thirty-six county seats without any physicians of this school.

Dr. A. L. Monroe, of Louisville, Ky., President of the delegates from the Kentucky Homœopathic Society, reported that the cause was growing rapidly throughout the entire South. Following this came the reading of a number of papers, among which were "Orificial Work," by Dr. E. W. Viets, Plymouth; "Surgery and Therapeutics," by Dr. J. D. George, Indianapolis; "Anti-Vaccination," by Dr. W. H. Baker, of Terre Haute.

In the evening Dr. G. W. Bowen, of Fort Wayne, opened the clinical bureau with a paper on "Anticipative Treatment," showing how many diseases may be prevented or headed off by certain medicines. This paper was a very interesting one, and was followed by one by Dr. J. R. Haynes, of Indianapolis, on the province and use of certain medicines.

The second day's session began with a paper by Dr. W. H. Baker, of Terre Haute, on "Vaccination," in which he took a decided stand against it. Dr. W. B. Clarke, of Indianapolis, spoke at length, detailing some of the dangers of vaccination as a disease-causer, and as to the sources of impurities. Dr. F. L. Davis, of Evansville, recounted his la grippe cases and their management. Dr. J. S. Mitchell, a distinguished Chicago physician, President of the Homeopathic College in that city, was then introduced as a delegate from the Illinois Society. He responded with a paper detailing his treatment for cancer, a disease of which he claims to have cured many cases. Dr. D. H. Dean, of Columbus, and Dr. D. Clappes, of Mooreland, followed with papers detailing cases of typhoid fever and other

diseases. Dr. Alice C. Nivison, of Lafayette, then contributed a valuable paper on "Melancholia." Dr. H. Louis, President of the Missouri Society, was introduced, and responded felicitously as to the condition of Homeopathy in that State, as did Prof. Thomas M. Stewart, of Pulte College, Cincinnati, for the Ohio doctors. Dr. F. L. Davis, of Evansville, contributed a paper on "Materia Medica."

The election of officers for the ensuing year then resulted: President, E. W. Sawyer, Kokomo; First Vice-President, M. H. Waters, Terre Haute; Second Vice-President, W. T. Gott, Crawfordsville; Treasurer, J. S. Martin, Muncie; Secretary, William B. Clarke, Indianapolis.

In the afternoon Dr. I. N. Taylor, of Crawfordsville, President of the State Board of Health, read a paper on "Germ Culture as Related to the Examination of Water," and Dr. M. H. Waters, of Terre Haute, gave a somewhat similar paper on "Germs and their Relation to Disease."

The two papers were interesting and well illustrated. Dr. Taylor was tendered a vote of thanks for his extended labors on the State Board of Health, as reflecting great credit on his Society and School. Dr. W. B. Clarke read a paper on "The Brain Dangers of Quinine," taking the ground that many cases of insanity, suicide, and even murder, are caused by its reckless use. He followed with a short and interesting paper on "Cremation."

Dr. S. J. Hayes, of Pittsburg, then gave a practical illustration of a new and safe method of producing anæsthesia with his apparatus. It was tested on a patient, a little daughter of one of the city physicians, while Dr. W. A. Dunn, of the Hahnemann College, Chicago, a skilled throat operator, performed a difficult operation on the back part of the nose for a serious obstruction. Both were very successful. Dr. Taylor then called attention to an apparent injustice done Prof. S. A. Jones, of the Michigan University, Ann Arbor, several years ago, in dropping him from the rolls of the Institute through an inadvertence. The Society decided that his distinguished services to it and its interests were universally recognized, and it could not afford to

be placed in the attitude of even accidentally putting a slight on Dr. Jones, and everything bearing thereon was ordered expunged.

Dr. J. S. Martin, of Muncie, read his paper on "Abrasions of the Cervix," and Dr. L. W. Jordan, of Indianapolis, read one on "Hyperopia," a severe eye trouble, which called out quite a discussion and many inquiries. Other papers were as follows: "Can Criminals be Reformed, or Crimes be Prevented by Medical Treatment?" by Dr. G. W. Bowen, Fort Wayne; "The Philosophy of Homeopathy as Taught by Nature," by Dr. E. P. Jones, Marion; "Professional Hobby-Riders," by Dr. J. E. Mann, Decatur, and "Infantile Convulsions," by Dr. Anna B. Campbell, Rockville. "Divulsion for Stenosis of Cervical Canal," by Dr. O. S. Runnels, Indianapolis; "Obstetrics in Relation to Gynecology," by Dr. E. B. Grosvenor; "Abortion and its Management," by Dr. J. E. Welliver, Rushville; "Puerperal Pelvi-Peritonitis," by Dr. W. D. Hill, Greencastle; "A Bad Confinement That Did Well," by Dr. J. N. Lucas, Shelbyville; "Laryngismus Sicca," by Dr. W. A. Dunn, Wabash; "Atrophic Rhinitis," by Dr. J. N. Taylor, Crawfordsville; "Intubation in Laryngeal Stenosis," by Dr. E. Z. Cole, Michigan City; "Laryngismus Stridulus," by Dr. C. J. F. Ellis, Ligonier.

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## BOOK NOTICES.

THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM. By Dr. Gallavardin, of Lyons, France. Translated from the French by Irenæus D. Foulon, A. M., M. D., LL. B., Philadelphia. Hahnemann Publishing House, 921 Arch Street. 1890.

This clever and interesting little book of 138 pages is a plea for genuine homœopathic treatment of drunkenness. The author says:

"A few drunkards can be cured by means of moral instruction, care in diet and hygiene, but in the far larger number, the tendency to inebriety is the result of a species of morbid impulse which is well-nigh irresistible."

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"Hitherto homœopathic medicine has proved itself quite as unable to cure drunkenness, because, with rare exceptions, homœopathic physicians, not knowing how to uti-



lize the wealth of their *materia medica*, have failed to follow these two precepts of their master Hahnemann :

"1st. In the choice of remedies note the intellectual and moral symptoms presented by the patient and produced by the drug proved upon the healthy subject.

"2d. In chronic diseases give in one dose the remedy selected, then let it act for weeks and months.

"Having followed on these two points, the precepts of Hahnemann, I have been able to cure inebriates of their vice in one-half of my cases, when the vice was not hereditary and that by causing to be administered to them, without their knowledge, in their food or their drink, the remedy selected for each of them."

Then follow indications for fourteen remedies useful in drunkenness. These remedies in the order of their importance are as follow: Nux-vomica, Lachesis, Causticum, Sulphur, Calcarea-carbonica, Hepar, Arsenicum-album, Mercurius, Petroleum, Opium, Staphysagria, Conium, Pulsatilla, Magnesia-carbonica. They are to be administered according to indications preferably in the two hundredth potency, one single dose for two, three, four, six, or seven weeks.

From this statement it will be seen that the book teaches sound homœopathic doctrine, and is to be commended to the whole profession. W. M. J.

**ELECTRICITY IN THE DISEASES OF WOMEN**, with special reference to the application of strong currents. By G. Betton Massey, M. D. Second edition, revised and enlarged. F. A. Davis, Publisher, 1231 Filbert Street, Philadelphia, 1890. Price, \$1.50 net.

Less than a year ago, the first edition of this clever book was reviewed in these pages—August number, 1889, page 358. What was then said in praise of the book is equally applicable now that it has been enlarged and improved. The illustrations are excellent and of the latest types of electrical apparatus. One of the points about the book that catches our eye is the "Graphic Representation of the Law of Ohm," at page 219. It is excellent for all who are not mathematicians. There is an evident misprint in the last line at page 221, where the word *ampere* should be substituted for *Ohm*. W. M. J.

**THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA.** By C. Hering, M. D. Volume VIII. Philadelphia. Published by the Estate of Constantine Hering, 112 North Twelfth Street.

This noble volume, the eighth section of Dr. Hering's incomparable *materia medica*, is now before the profession. It contains 658 pages, and includes all the remedies in alphabetical order from Natrum-phosphoricum to Pulsatilla.

Its well-known arrangement of symptoms, each symptom standing alone, is in itself a recommendation, as it makes the finding of any particular indication a much easier task. Another admirable arrangement is the chapter upon sensations to be found under each remedy. This feature is an additional help in the search for the simillimum. Among the recent remedies introduced we

find Cod-Liver Oil and Polygonum, or Smart Weed. Nothing, however, has been admitted that has not been proved. We consider it a reliable work, and make constant use of it in our own practice.

The delay in the appearance of the present volume is explained by the publisher to be due to the edition of the first four volumes having been exhausted, owing to the increased demand for the work, and the need to print them over again. The pages not having been stereotyped, it was necessary to set up every line anew.

W. M. J.

## NOTES AND NOTICES.

**ACTINOMYCOSIS.**—This is the name of a new disease which is spreading among cattle. It is popularly known as "Cancer-jaw," "big-jaw," "lump-jaw," and "lumpy-jaw." The scientific name, actinomycosis (or actinomycosis, as it is sometimes printed), is derived from the vegetable organization called actinomyces, one of the fungi, or mold, so named by Harz, professor of botany at Munich, about twelve years ago, the word coming from two Greek words meaning ray—the microscopic appearance of the organization being that of an eccentric radiating structure—and fungus. The disease was first thought to be a form of consumption, or identical with it, but it is not, nor is it necessarily confined to the jaws or its bones, but may invade the mouth, tongue, nose, stomach, lungs, udder, or skin. In many instances has the fact that the disease is inoculable been proven, and hence it is considered transmissible and infectious under favorable circumstances, especially when an injury resulting in an external or internal wound has been received.

Mr. George Fleming, of England, one of the few men to thoroughly investigate this disease said: "The progress of pathological research is continually demonstrating the mighty part played by microscopic vegetable organisms in the production of disease in plants and animals, generally leading to their destruction, and with more or less rapidity. The feeblest and smallest as well as the largest and most powerful are alike exposed to the ravages of these invading relentless foes, whose attack is all the more destructive because it can rarely be detected at the onset; and their extreme minuteness and tenuity, as well as their insidious and obscure manner of operating are also so many barriers to timely recognition and protective measures against their assaults."

He thinks it probable that the animal contracts the disease from eating mouldy hay or straw (in other words, food with the fungus already on it), especially if there are scratches, fissures, abrasions, or wounds in the mouth or on the jaw, though he does not say that it may not occur in some other way. In animals the tendency is to cause new-formation tumors, and hardening or degenerations of tissues, but in man (and he records sixteen cases in man), it tends to cause suppurative processes and metastatic abscesses. Until within a few years many cattle diseases, so-called, were known, which are now known to be only different manifestations of this one disease, modified by location principally, so I will now describe a typical case, as affecting the typical point—the jaw—as described by Mr. Fleming:

In 1877 Professor Bollinger, of Vienna, drew attention to this disease, which he claimed was frequent, which consisted in a kind of new-formation tumor that appeared on the upper or lower jaw, at the roots of the teeth, or sprang from the spongy tissues of the bone, gradually displacing the teeth, invading and destroying the healthy tissues, muscles, and skin, abscesses forming, the tumor at times reaching the size of a child's head, the bones being reduced to an appearance resembling pumice stone. (He found another form affecting the tongue, and within a year had six tongue specimens sent him from Bavaria alone.) I need not detail the minutiae pertaining to the microscopical appearances found, or how they were arrived at, and will simply say that the actinomycosis fungus or mold is, in many respects, similar to the common green mold, *penicillium glaucum*, which grows on paste, jam, damp leather, etc. It is enough to say that the affected animal would soon show emaciation and debility, resulting largely from its inability to masticate its food, and death would result; but this result rarely follows, because the course of the disease is ended more summarily—by death at the hands of the butcher in order to turn the animal into "beef." A frequent complication in one of these cases is the inevitable one that as soon as a tumor gets opened on the outside it becomes fly-blown, and consequently maggoty, so that the poor animal writhes with the torture of having to entertain a convocation of politic and vigorous worms who lunch off his own flesh.—*Dr. Wm. B. Clarke, in the Indianapolis Journal.*

REMOVALS.—Dr. A. B. Eadie has removed from 237 King Street to 137 Church Street, Toronto, Canada. Dr. C. S. Durand, from Mungelo to Hurda, Central Provinces, India. Dr. Charles H. Young, from Baltimore to 1248 Bedford Avenue, Brooklyn. Dr. C. Eurich, from 80 Second Avenue to 119 East 86th Street, New York City. Dr. Wm. R. Powel, from 3718 Chestnut Street to 3735 Walnut Street, Philadelphia. Dr. F. C. Hood, from Marysville to Alta, California. Dr. H. H. Crippen, from San Diego, California, to 78 Maiden Lane, New York, where he will take editorial charge of *The Homœopathic Journal of Obstetrics*, published by A. L. Chatterton & Co. Dr. L. A. Ren Dell Goodrich, from Hartford to Sayville, New York. Dr. F. W. Grundmann, from 2344 Washington Street to corner Jefferson Avenue and Wash Street, St. Louis. Dr. E. T. Balch, from South Bend, Washington, to Summerland, California. Dr. D. Albert Hiller, from 1011 Sutter Street to 220 Montgomery Avenue, San Francisco. Dr. O. B. Gause, formerly of Philadelphia, has established his office for the summer at 302 Asbury Avenue, Asbury Park, New Jersey. His winter office is at Aiken, South Carolina.

At the meeting of the Indiana Medical Society (allopathic), held in June last, Dr. J. L. Thompson read a paper that bore the strange title, "An Ischiophagus." It referred to the famous freak, the Tipton-county twins. This paper was by Dr. T. O. Armfield, who gave a medical description of this two-headed baby. He noted that the brains of both were well developed, and the children quite handsome and exceedingly bright for their age. One would cry while the other laughed or slept, and one would experience pain.



while the other suffered none. They were put upon a museum circuit, September 21st, when three months old, and died at Buffalo, N. Y., February 21st, 1890, when eight months old. One died from measles and the other died forty-five minutes thereafter, from shock caused by the cold blood rushing into its veins from the dead child, and its inability to oxygenize the dead blood. "How much longer these children might have lived had they not contracted the measles, or some accident befallen them," said the Doctor in conclusion, "we cannot tell, but it is probable they had lived their allotted time. They had arrived at an age when nature demands some exercise, and as they could neither be set up nor turned over sufficient to relieve a congested organ or a part of an organ, I am inclined to believe that some part would have soon suffered from a non-equalization of the circulation." The Doctor thought their lives had been lengthened by the constant exhibition they had been given every hour through the day, when they were seen and examined in every possible position.

**THE ELECTRIC RAILWAY AS A SANITARY MEASURE.**—The rapid extension of the electric street-car system which has taken place (especially in this country), naturally leads to the question of the cause thereof. To have gained such pre-eminence it must be able to do not only what other systems can do, but still more, it must be able to do it at a decreased cost. Again, removal of thousands of horses from the streets of a city, involving, as it does, the doing away with the noise and dirt, is another distinct gain to its residents. But if one goes still further, and contemplates the difference between a stable housing thousands of horses, and an electric car station of sufficient size to operate a road with the same efficiency, one is at once struck with the advantages on the side of the electric system, which, indeed, are incontrovertible. Instead of a large, ill-smelling building, whose odors are wafted for many blocks (making the tenancy of houses within half a mile almost unbearable, and involving a large depreciation of property in the neighborhood), there is a neat, substantial building, equipped with a steam plant and dynamos, and occupying hardly one-tenth the space required for an equivalent number of horses. Therefore, not only is there effected a removal of the nuisances attached to a stable, but a large saving in the cost of real estate, and the far greater amount involved in the known depreciation of the surrounding property. Besides this, the stables are of necessity required to be in close proximity to the track, whereas the electric power station, which furnishes current to the car, may be situated a mile from the track in some suitable place, as for instance, beside a river, where, with condensing engines, power may be generated at a minimum cost.—*Exchange*.

**CONSUMPTION NOT CONTAGIOUS.**—The annual session of the State Medical Association opened at Pittsburg, June 10th. One hundred and fifty delegates were present from all parts of the State, and a number of interesting papers were read. Among them was one by Dr. Thomas J. Mays, of Philadelphia, on the relation of artificial inoculation to pulmonary consumption. In the course of his address Dr. Mays said:

"The contagiousness of consumption is an old idea and its logical remedy, viz., isolating the sick, was thoroughly tested in Naples from 1782 to 1848. In every case the ceilings, walls, floors, doors, and windows of the rooms in which consumptives died were torn out, burned, and new ones substituted. The bedding and furniture shared the same fate, and such dwelling were not inhabitable for one year. Consumptives were regarded as pests, and their families were shunned and often driven to want. These laws brought no amelioration after existing for sixty-six years. When the resolute and vigorous though vain efforts which the Neapolitans put forth to crush out this disease are compared with the advice of our modern contagionists, the latter seem more like the vaporings of a child's brain than the outcome of thoughtful and sober judgment. Indeed, it is a sad reflection to find men at this late day who are again willing to repeat the superstitious follies and foibles of a century ago."—*Philadelphia Times*.

STATISTICS OF FARMS, HOMES, AND MORTGAGES.—In consequence of the public interest manifested in the investigation now being prosecuted by the Census Office in relation to recorded indebtedness of private individuals and corporations and the statistics of farms, homes, and mortgages, and in view of the fact that every day letters are received at the Census Office asking for information on this subject, it has been deemed advisable to print a letter, dated May 15th, from the Superintendent of Census, in reply to a Senate resolution, as a bulletin. It contains a full statement of the character of the inquiries referred to and a description of the methods adopted. Copies may be had on application to Robert P. Porter, Superintendent of Census.

SOUTHERN HOMŒOPATHIC MEDICAL COLLEGE.—As a result of a controversy between the Maryland State Homœopathic Medical Society and the Baltimore Homœopathic Free Dispensary, on North Greene Street, the Society has resolved to establish another free dispensary and also a medical college. The college was incorporated May 15th under the name of the Southern Homœopathic Medical College and Hospital of Baltimore by Dr. Elias C. Price, Dr. Henry Chandlee, Dr. Nicholas W. Kneass, Levi Z. Condon, Dr. Robert K. Kneass, Dr. Eldridge C. Price, Dr. Michael J. Buck, Dr. Robert W. Mifflin, George M. Lamb, Dr. Henry W. Webner, Dr. Oliver Edward Janney, Dr. Henry F. Garey, Dr. Edward H. Condon, Dr. Frank C. Drane, Dr. John Hood, Martin Lane, Aubrey Pearce, Henry F. Garey, Albert N. Horner, Sebastian Brown, John T. Graham, Joshua Regester, Dr. Charles H. Thomas, Wm. A. Carroll, Woodward Abrahams, and Peter Thompson. The incorporation is for the purpose of maintaining a medical, surgical, dental, pharmaceutical, and veterinary school or college and hospital. A feature of the college will be the admission annually of one white person (male or female) from each congressional district of Maryland to every course in the college, the admission to be upon the recommendation of the Representative in Congress. The capital stock is placed at \$50,000, which may be increased to \$200,000, divided into \$25 shares. The same gentlemen also incorporated the Maryland Homœopathic Free Dispensary and Hospital

of Baltimore. It has no capital stock, its funds being derived from contributions. It is stated that about a month ago the Board of Directors of the dispensary on Greene Street were approached officially by the State Society for the purpose of discussing what the relationship of the dispensary should be to the Society at large. The Dispensary Board refused to confer upon the subject, and the incorporation was decided upon. It is said that the old dispensary has been controlled by a few physicians antagonistic to the State Society, and the Society has had no hand in its management, although the public thought it had. There was a stated meeting of the Society on Wednesday evening, at which the proposed incorporation was announced and heartily indorsed. At the meeting Wednesday the resignations of Dr. Thomas Shearer, Treasurer, and Dr. D. H. Barclay were received. Dr. M. Brewer, who resigned as President at a previous meeting, was succeeded by Dr. Elias C. Price, and Dr. O. E. Janney was elected Treasurer. No specific plans have yet been made, but the Society expect to erect a handsome college building.—*Baltimore Sun.*

AN APPEAL FROM THE CENSUS BUREAU.—No organizations in the United States have multiplied more rapidly in the past ten years than the sick-benefit, funeral-aid, death-benefit, and other kindred societies.

As they are generally confined to those who are in the humbler walks of life, the good they have done is incalculable, carrying substantial aid to thousands of stricken families and inspiring those who are fortunate enough in being members with a courage which might not exist in their hearts without them.

The members of these organizations will be glad to learn that Hon. Robert P. Porter, Superintendent of the Eleventh Census, will endeavor to secure the statistics of the noble work these associations are doing, and it is safe to say that no other branch of the census will be more interesting.

The business of gathering the data has been placed in charge of Mr. Charles A. Jenney, special agent of the insurance division, 58 William Street, New York City, and all associations throughout the United States, whether incorporated or private, should assist by sending to him the address of their principal officers.

Any one interested in the sick-benefit, funeral-aid, and death-beneficiary associations of the United States can help make the statistics of their organizations for the forthcoming census more complete and disseminate the knowledge of the good work they are doing by sending the names of such societies as they may know of, and the addresses of their principal officers to Mr. Charles A. Jenney, Special Agent of the Eleventh Census, 58 William Street, New York City.

THE VALUE OF JOURNALS TO THE MEDICAL PROFESSION.—One of our subscribers thus writes to us concerning medical journals in general and this journal in particular: "I must say I have gained a great deal of encouragement from your journal. For from it I find that the lights of Homœopathy do things just as I do; and have to study just as hard; and to use *books* in pre-



scribing for obscure cases. I am well repaid for the money expended in subscriptions to THE HOMŒOPATHIC PHYSICIAN by the encouragement received and the *very many* most excellent hints.

"The doctor who reads medical journals lives in a healthy medical atmosphere, gaining light, air and sunshine, preventing his deteriorating and retrograding into the slimy ooze of palliatives.

"I think a doctor needs encouragement as much as any other man, and he gets it through the medium of medical journals that show him the path traveled by the brighter lights of the profession."

THE BROMIDES.—It is said that a ton and a quarter of bromides are annually consumed by the patients of the National Hospital for the Paralyzed and Epileptic in London. Poor Epileptics! Helpless Paralytics!

"Throw physic to the dogs, he said.

She did. Next day the dogs were dead."

#### A CENSUS OF HALLUCINATIONS.

TO THE EDITOR OF THE HOMŒOPATHIC PHYSICIAN.

DEAR SIR:—May I ask for the publicity of your pages to aid me in procuring co-operation in a scientific investigation for which I am responsible? I refer to the *Census of Hallucinations*, which was begun several years ago by the "Society for Psychical Research," and of which the International Congress of Experimental Psychology at Paris, last summer, assumed the future responsibility, naming a committee in each country to carry on the work.

The object of the inquiry is two-fold: 1st, to get a mass of facts about hallucinations which may serve as a basis for a scientific study of these phenomena; and 2d, to ascertain approximately the *proportion of persons* who have had such experiences. Until the average frequency of hallucinations in the community is known, it can never be decided whether the so-called "veridical" hallucinations (visions or other "warnings" of the death, etc., of people at a distance), which are so frequently reported, are accidental coincidences or something more.

Some eight thousand or more persons in England, France, and the United States have already returned answers to the question, which heads the census sheets, and which runs as follows:

"Have you ever, when completely awake, had a vivid impression of seeing or being touched by a living being or inanimate object, or of hearing a voice, which impression, so far as you could discover, was not due to any external physical cause?"

The "Congress" hopes that at its next meeting, in England in 1892, as many as fifty thousand answers may have been collected. It is obvious that for the purely statistical inquiry, the answer "No" is as important as the answer "Yes."

I have been appointed to superintend the census in America, and I most earnestly bespeak the co-operation of any among your readers who may be actively interested in the subject. It is clear that very many volunteer canvassers will be needed to secure success. Each census blank contains instructions to the collector, and places for twenty-five names, and special blanks for

the "Yes" cases are furnished in addition. I shall be most happy to supply these blanks to any one who will be good enough to make application for them to

Yours truly,

(Professor) WM. JAMES.

Harvard University, Cambridge, Mass.

DR. WM. B. CLARKE, Secretary of the Indiana Institute of Homœopathy, and a resident of Indianapolis, is a prolific writer on practical subjects that should more often employ the physician than is common. Articles from the pen of Dr. Clarke in recent issues of *The Sun*, *The Freeman*, and *The Independent*, all published in Indianapolis, on "Care and Dressing of Infants," "The Importance of Pure Air" (this written especially for *The Freeman*, a journal conducted by a colored man for the benefit of colored people), and on "Intra-mural Burial," go to show that followers of Hahnemann give thought to much beside "symptom-hunting."

WHO WAS YOUR GREAT GRANDFATHER.—The *Detroit Journal* desires to receive, by postal card, the address of all living male and female descendants of Revolutionary officers and soldiers of 1776, and when possible, the name, and State of the ancestor. Wonder if W. H. Brearley, proprietor of the *Detroit Journal*, is contemplating a raid upon the national treasury?

OH-DON'T-LOGY.—The *American Homœopathist* has a page each month containing symptoms of the above disease. There are so many of them accumulated now, that we suggest to the editor that he give us a repertory to them.

#### FUN FOR DOCTORS.

"Doctor," said the grateful patient, seizing the physician's hand, "I shall never forget that to you I owe my life." "You exaggerate," said the doctor mildly; "you owe me for fifteen visits; that is the point which I hope you will not fail to remember."

Very sea-sick passenger (feebly)—"O doctor! I'm afraid it's all up with me." Doctor—"Bosh! Nothing up but your breakfast."

"You are accused," said a judge in Paris, "of having attempted to poison your husband with phosphorus. What have you to say?" "I desire that the doctors make an autopsy," replied the woman, as she looked at her husband.—*New Orleans Picayune*.

"I feel sick at heart," said the rejected lover as he leaned upon the railing of the steamer. "I am with you," remarked a fellow-passenger, "only mine is further down."

Female physician—"George, is there any prospect of it clearing off very soon?"

George—"Not much; why?"

Female physician—"Mrs. Smith sent for me to pay her a professional visit three days ago, and I have been waiting ever since for it to clear off. I'm sure she will be expecting me."—*Epoch*.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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If our school ever give up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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No. 8.

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## EDITORIALS.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION'S LAST MEETING—an account of which will be found on other pages—proved to be the most successful, both in attendance and interest, ever held.

Conversation with the members from the various parts of the United States and Canada elicited the fact that the principles advocated by the I. H. A. are advancing, and that mongrelism is preparing to take a back seat.

An encouraging fact was the presence at the meeting of a number of young men who went for the purpose of learning. They did not go in vain, for they heard of nothing but Hahnemannian Homœopathy, and several expressed themselves to us as having received much profit.

Each year sees an addition to the membership, and it will not be long before the I. H. A. will be acknowledged throughout the world as the most progressive association of medical men ever organized.

G. H. C.

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ANTISEPTICS.—At last the ideal antiseptic and pus-destroyer has been found! We have the word of a man who has used it in a dozen cases with such excellent (?) results that he has rushed



into print with a history of them. Some are completely cured of old and intractable troubles; others have mended, but are going rapidly "*toward*" cure.

Pyoktanin is its name, Germany is its nation, but New York beats the rest of the States in first proclaiming its station. There is color for all this; Pyoktanin is the well-known methylanilin, so much used by microscopists as coloring material when studying bacteria.

All hail! Pyoktanin—until it is found of no value, and then we shall hail something else. G. H. C.

## INTERNATIONAL HAHNEMANNIAN ASSOCIATION.—ELEVENTH ANNUAL MEETING.

WATCH HILL, RHODE ISLAND, June 24th–27th, 1890.

### SESSION OF JUNE 24TH.

*Morning.*—The President called the meeting to order at 11.15 A. M.

The President then read his opening address.

On motion of Dr. Rushmore, a committee was appointed upon the President's address.

The committee was composed of Drs. Rushmore, Wesselhœft, and Butler.

A programme for the order of business was then adopted.

The report of the Secretary was received and referred to the Auditing Committee.

The report of the Treasurer was received and referred to the Auditing Committee.

The Auditing Committee was composed of Drs. Rushmore, Custis, and Powel.

Amendment to the by-laws, by Dr. Clark, was withdrawn.

Reports of delegates were received and referred to the Publication Committee. Reports were received from Drs. Rushmore, Sawyer, Powel, and Hitchcock.

Dr. Rushmore called the attention of the Association to the prolonged illness of the venerable Dr. P. P. Wells, of Brooklyn.

Dr. Fincke read a letter from Dr. Wells.

Dr. Butler also drew attention to the illness of Dr. E. A. Ballard, of Chicago, who is held in high esteem by all Hahnemannians.

A committee was appointed to send telegrams of respect and sympathy to Drs. Wells\* and Ballard. The committee was composed of Drs. Butler, Wesselhœft, and Rushmore.

*Afternoon.*—Dr. B. L. B. Baylies, of Brooklyn, was appointed temporary chairman of Bureau of Obstetrics.

The Bureau of Homœopathics was then made the order of the session. Dr. C. W. Butler, chairman.

A paper by Dr. Lowe was read by Mrs. Butler.

A paper by Dr. T. P. Wilson was read by the chairman. A paper by the chairman himself was also read, and it was followed by a discussion.

Dr. Fincke read a paper upon Sections 59 to 66 of *The Organon*. After discussion, the meeting adjourned to 8 P. M.

*Evening.*—The order of the afternoon session was resumed.

Dr. James T. Kent read a paper upon Sections 63, 64, and 65 of *The Organon*, which was followed by discussion.

Dr. Fincke read from his paper illustrations of the effects of drinking hot and cold water, wine, coffee, etc.

The Board of Censors reported in favor of several candidates for membership, and the Secretary was directed to cast the ballot for each name, by which they were declared elected.

The following is the list of names: Richard Hearn, Toronto, Canada; Overton F. McDonald, Toronto, Canada; Charles G. Wilson, Clarksville, Tenn.; W. J. Winn, Cambridgeport, Mass.; A. G. Allen, Philadelphia, Pa.; Clarence G. Selfridge, Port Townsend, State of Washington; Erastus E. Case, Hartford, Conn.; W. E. Ledyard, San Francisco, Cal.; B. Fincke, M. D., Brooklyn, N. Y.; Charles H. Oakes, Northboro', Mass.; George A. Taber, Richmond, Va.; J. M. Dutton, Boston,

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\* See page 382.

Mass. ; W. P. Defriez, Brookline, Mass. ; F. G. Davis, Quincy, Mass. ; Jennie Medley, Philadelphia, Pa.

The Report of the Necrologist was received and adopted. It announced the death of Dr. Edward Bayard, New York,\* Dr. David Wilson, of London,\* Dr. L. S. Reynolds, of Brooklyn.†

#### SESSION OF JUNE 25TH.

*Morning.*—The President in the chair.

The Auditing Committee rendered their report, in which they paid a high compliment to the Treasurer, Dr. Clarence Willard Butler, of Montclair, N. J., for his successful efforts to free the Association from debt. They reported the accounts of the Secretary and Treasurer as correct.

Dr. W. A. Hawley, of Syracuse, was made Chairman of the Bureau of Homœopathics.

Dr. Stow, of Mexico, N. Y., was appointed Necrologist.

Dr. T. P. Wilson, of Ann Arbor, Mich., communicated a poem.

The Report of the Bureau of Obstetrics was made the order of the session.

Dr. James T. Kent read a paper upon the "Management of Displacements of the Uterus without Mechanical Support."

A long and interesting discussion followed.

Dr. J. B. Custis, of Washington, read an interesting paper entitled "The Hahnemannian Obstetrician." This was followed by another long and animated discussion upon the use of chloroform in labor ; the use of forceps ; the application of disinfectants, brandy, etc., in confinement.

Dr. Samuel A. Kimball, of Boston, then read a paper upon "Puerperal Fever."

This was succeeded by another discussion.

Dr. Wm. P. Wesselhœft, of Boston, then called attention to the need of a reliable post-graduate course where true Homœopathy could be certainly taught. He said : "Some of

\* See HOMŒOPATHIC PHYSICIAN, December, 1889, pages 437, 441.

† See HOMŒOPATHIC PHYSICIAN, March, 1890, page 139.



the younger men in Boston have come to the older members of the homœopathic school, and have asked : ‘ Where can we learn this Homœopathy that you practice ? ’ And no satisfactory answer can be given. The question has been asked us by men who were taking the medical course at Harvard. There has been some thought expended upon this subject. Now, if we could enlist two or three men in this work who would be willing to devote a portion of their time to giving instruction upon Homœopathy in their own offices to those who are earnest seekers after knowledge, much good might be accomplished. The fact that young men have asked the question ‘ Where can we go to hear something of Homœopathy ? ’ is enough to incite us to an effort to answer this question. It is not only our duty to help these men, but to let it be known that there is a something which is Homœopathy and that it is still alive.” Dr. Wesselhœft advocates a school for a post-graduate course in some one of the great cities ; Boston would be a good place for such a school.

Dr. D. W. Clausen, of Philadelphia, wished to know if Dr. Wesselhœft was aware that such a course of lectures had been started in Philadelphia by Dr. Kent ?

Dr. Wesselhœft answered that he had heard of such a course.

It was decided that the subject was so important that it should be made the special order of the evening session.

Dr. Butler then made report of the Committee upon the President’s address, after which a discussion followed, and the Association adjourned until three o’clock P. M.

*Afternoon.*—Professor Edmund Carleton, of New York, read a paper upon tumors of the labia majora.

An interesting discussion was elicited, which followed many of the lines of thought of the morning:

A proposition for a Board of Honorable Seniors was then discussed, the idea being to advance to a special rank in the Association such members as had become distinguished by reason of their long and honorable career in the homœopathic practice, and to exempt them from the payment of dues to the Association. Such a Board would include veterans like Dr. P. P. Wells and Dr. E. A. Ballard.

Dr. Wesselhœft then read a paper, entitled "Dysmenorrhœa with Anemia."

Dr. Baylies read a paper proving the efficacy of Pulsatilla in preventing the malposition of the fœtus.

This was followed by a discussion which returned to the subject of Chloroform and other anæsthetics in labor. Dr. A. B. Campbell, of Brooklyn, opened up this discussion.

The report of the Bureau of Obstetrics being the next subject in order, papers were read by Drs. Hitchcock, Carleton, Brownell, and Dever.

Several papers from absent members were read by title. They were Drs. Hall, of Victoria, British Columbia; Dunlevy, Dillingham, and Myers, of New York.

Dr. Stow offered a resolution that all papers upon venereal diseases be referred to the Clinical Bureau. Carried.

*Evening.*—Dr. Bell addressed the meeting upon the subject of fumigation. The old school of medicine have been recommending and using fumes of Sulphur for disinfecting purposes. They now find that the anhydrous, or dry fumes, are of no use in disinfection. The Sulphur fumes must be moistened. He read an article from the *New York Medical Record*, showing that fumigation with dry Sulphur is a humbug.

Dr. H. C. Allen, of Chicago, editor of *The Medical Advance*, read a paper giving a proving of Kali-phosphoricum.

Dr. Case, being called upon, read a paper giving his own proving of Kali-phosphoricum.

Dr. W. L. Reed, of St. Louis, remarked that one of the provers of Kali-phos. had headache upon the right side of the head, which was relieved by gently rubbing the head with the hand, or stroking it. The pains were right-sided and supra-orbital.

Dr. Reed read a paper detailing a proving of Pyrogen. One of its symptoms was a terrible fetid taste in the mouth, as if an abscess had broken and discharged into the mouth. The taste was sweet and nasty.

Dr. Kent presented an interesting paper giving a proving of Cenchris contortrix, which provoked discussion.

Dr. Kimball read his paper upon an "Involuntary Proving of Secale." Discussion.

Dr. George H. Clark, of Germantown, Philadelphia, read a paper upon Asthenopia, with a very full eye repertory.

Dr. John V. Allen, of Frankford, Philadelphia, presented a complete repertory to nausea.

Dr. Wm. Jefferson Guernsey, of Philadelphia, read a paper, entitled "The Contrarieties of Ignatia."

Dr. H. C. Allen, of Chicago, moved that a vote of thanks be extended to Drs. Clark and Allen for their laborious repertories, the one upon the eyes, the other upon nausea. Carried.

Dr. J. B. G. Custis, of Washington, was appointed Chairman of the Bureau of Obstetrics.

Dr. Edward Rushmore, of Plainfield, N. J., was appointed Chairman of Bureau of Materia Medica.

#### SESSION OF JUNE 26TH.

*Morning.*—Bureau of Surgery was reopened.

Dr. James B. Bell, of Boston, related a case of laparotomy, with illustration.

In the discussion that followed, Dr. Bell said that surgery was the opprobrium of medicine. There should be no such thing as removal of tumors. There should be no tumors to remove. Surgery should be confined to the repairing of broken limbs, plastic operations and the like.

Dr. T. M. Dillingham, Chairman of the Bureau of Clinical Medicine, having at last arrived after being anxiously expected by the members during all the previous sessions, the report of his Bureau was considered.

Dr. J. W. Thomson read an interesting paper upon rheumatic gout, followed by discussion.

Dr. B. Fincke, of Brooklyn, read an interesting paper upon "Chronic Enlargement of the Testicle."

A vote of thanks was tendered to Dr. Fincke for his interesting paper.

An invitation was received from Dr. Rose, of Westerly, Rhode Island, for a visit to the town of Westerly, and an ex-



cursion in a specially chartered steamer. The invitation was declined owing to the shortness of time at disposal, and a unanimous vote of thanks tendered to Dr. Rose and to the citizens of Westerly.

Dr. Hoyne read a paper of clinical cases.

Dr. H. C. Allen read a paper upon a clinical case cured by Pyrogen. The Pyrogen tongue is clean, bright red, or fiery red, without elevated papillæ or cracks.

*Afternoon.*—Professor Edmund Carleton, of New York, was appointed Chairman of the Bureau of Surgery.

The Association then went into the election of officers.

The following officers were unanimously elected :

President, Dr. Clarence Willard Butler, of Montclair, N. J.

Vice-President, Dr. E. W. Sawyer, of Kokomo, Indiana.

Secretary, Dr. Samuel A. Kimball, of Boston.

Treasurer, Dr. Frank Powel, of Chester, Pa.

Corresponding Secretary, Dr. Wm. P. Wesselhœft, of Boston.

Chairman of the Board of Censors, Dr. Joseph A. Biegler.

Committee upon the place of next annual meeting was composed of Drs. Wesselhœft, Butler, Guernsey, Kent, and Hoyne.

It was understood that the committee would decide upon either Cresson Springs, Pa., or Atlantic City, N. J.

Dr. DeForrest Hunt resigned from membership on account of declining health.

Dr. Robert M. Fallon resigned on account of his entering the ministry.

Dr. Butler then proposed the following :

Amendment to Article III of the Constitution: "Except in case of Junior membership the applicant for which must only be a graduate of a recognized medical college."

Amendment to Section 3 of the By-laws :

"Application for Junior membership may be made by any physician six months in advance of a regular meeting and on the indorsement of three members of this Association, in good standing, and upon the recommendation of the Board of Censors ; such physician may become a Junior member by a two-thirds vote of the members present. Such Junior members shall have

the privilege of the floor for discussion of medical topics; shall be allowed to present such papers as are indorsed by the Board of Censors; shall be entitled to a copy of the Transactions of the Association, but shall not be entitled to vote, nor be eligible to office. At the expiration of three years of Junior membership, they may make application for full membership, subject to all conditions necessary for such application, or failing so to do their membership ceases."

On recommendation of the Board of Censors, any member of this Association, who, in their opinion, has rendered signal service to the cause of Hahnemannian Homœopathy or to the good and welfare of this Association, may be elected to the Board of Honorable Seniors, and as members of such Board shall retain all the rights and privileges of regular membership.

Amendment to Section 7 of By-laws:

"The annual dues of the regular members of this Association shall be five dollars. The annual dues of Junior members shall be two dollars, and all dues shall be payable in advance. Members of the Board of Honorable Seniors shall be released from the payment of annual dues."

Papers were presented by Drs. Whiting (read by Dr. H. C. Allen), Wesselhœft, Guernsey, Reed, Carleton, and Woods.

The paper of Dr. Reed, of St. Louis, was especially remarkable. After detailing a case of albumenuria, maltreated for nearly two years with massive doses of medicine and finally cured by Dr. Reed with Nat-mur., the doctor concluded with a peroration in which he indulged in vigorous invective against the mongrels or eclectic. He declared that the maltreatment of eclecticism was "enough to make the dead rise from the grave, the marble statue (of Hahnemann, at Leipsic) to step down from its pedestal," etc., evoking rounds of applause and cheers.

Dr. H. C. Allen, moved that in the Transactions the word "mongrel," wherever it occurs, be expunged.

Dr. Hawley inquired why?

Dr. Allen thought it offensive and exasperating and that we could catch more flies with sugar than with vinegar.

Dr. Hawley doubted that conclusion.

Dr. Thomson facetiously remarked that "we are not here to catch flies nor to hold a candle to the devil. We have a mission, which is to proclaim the truth regardless of results." The discussion then dropped.

Dr. Baylies was appointed Chairman of Bureau of Clinical Medicine.

#### SESSION OF JUNE 27TH.

*Morning.*—The Association proceeded to the consideration of the publication of the Transactions. Dr. Kent moved that the proceedings be given to *The Medical Advance*, to publish upon the same terms as last year.

Dr. James, Editor of *THE HOMŒOPATHIC PHYSICIAN*, made a bid.

Dr. Allen, of *The Medical Advance*, offered the very same terms as Dr. James.

Dr. Hitchcock, of *The Journal of Homœopathics*, made a bid.

Discussion followed, and it was finally decided to refer the whole matter to the Executive Committee with power to give the work to the best bidder.

The report of the Bureau of Clinical Medicine was now reopened.

Dr. Kimball read a paper upon "Epilepsy," which was followed by a discussion, in which Dr. Carleton declared that he had not listened to any paper that had given him so much pleasure as the one just read by Dr. Kimball.

Papers were then read by Dr. Rushmore, Dr. Farley, Dr. Sawyer, and Dr. Dillingham.

A vote of thanks was tendered Dr. Dillingham for his admirable report of cases cured.

Dr. Butler preferred charges against Dr. Gentry on account of an article in *The American Homœopathist* for June, written by Dr. Gentry, in which he advocated the use of large doses of Quinine to antidote the malarial poison. The charges were referred to the Board of Censors.

Dr. Thomson offered a copy of a letter written to the *Sun* of



New York City, protesting against some communications which had appeared denouncing Homœopathy. The *Sun* refused to publish the defense, and so Dr. Thomson presented it to the Association. It was accepted.

The Committee upon place of next annual meeting reported in favor of Cresson Springs, or else Atlantic City. The report was accepted and the Committee discharged. It was then referred to the Executive Committee.

A vote of thanks was tendered to Dr. Biegler for his able and just rulings as President.

A vote of thanks was then given the proprietor of the Ocean House, where the meeting was convened, after which the Association adjourned until next year.

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## INFANT FEEDING.

W. I. THAYER, M. D.

An exceedingly entertaining editorial in the June HOMŒOPATHIC PHYSICIAN states that "the artificial feeding of infants is one of the most difficult problems with which the physician has to deal," and "if one could rely upon the various commercial foods with which the market is flooded, the question would at once be solved."

This subject of infant feeding is indeed a difficult problem—has been—to solve, if one is to rely upon most of the baby-foods in the market, or, expects to obtain the best results in giving to a baby cow's milk, no matter how much reduced with water or mixed with crushed barley.

Dr. Clark refers to the *casein*, "the curd-forming matter," and it is just here that cow's milk, pure and simple, is *not* as good a food for an infant as though the "*curd*" had been put into such a condition as to be *easily digested*.

The *only* nitrogenous constituent of human or cow's milk is that protein compound known as *casein*! If a child cannot digest and appropriate this nitrogenous substance in either milk it is *not* going to get *full nutrition*, and will slowly starve!

Why is it that human milk will digest so much easier than will cow's milk ?

Chiefly, and almost wholly, on account of the different physical characteristics of the two caseins !

When the casein of *human* milk comes into contact with the chlorohydric acid of the gastric juice it is turned into a *light, flaky* coagulum, easily attacked by the peptic ferment and farther comminuted.

On the contrary, the casein of cow's milk, when presented to the gastric juice, coagulates into rounded masses, which *prevents* the peptic ferment from seizing hold of as many surfaces as are presented in the protein compound of mother's milk, and hence slower disintegration of the curd must follow, and less of it is peptonized or gastricly digested, and quite a portion of this *tough, leathery* curd must traverse the intestinal canal, rasping its way to the anus, and setting up various bowel lesions. These are physiological facts that can be demonstrated in a chemical laboratory—as well as in the digestive tract—and are not fanciful theories.

The chemico-physical properties between the two curds are very different. What will dissolve one will but feebly effect the other.

Contrast the digestive apparatus of an infant with but *one* stomach to dispose of its food and the same machinery in a calf with *four* stomachs, and which can get up and run as soon as it sees daylight, and tell me, did Providence compose the same natural pabulum for these two animals when He has made their physicial conditions so very, very different ?

Nay, verily !

The average amount of casein found in forty-three women was 1.046 per cent. of the whole.

Thirteen different observers find the average per cent. of casein in cow's milk to be 3.022.

A marvelous difference, and if it would digest as easily as the same protein substance of mother's milk, *there is too much of it*, for mother's milk contains of nitrogenous matter about 17 per cent., while cow's milk will average 25.59 per cent.—some

claim from 28 to 30 per cent.—so that in cow's milk we get, first, too much casein by a large per cent., and what we have after reducing with water, is *not* readily digestible, as its refractory properties have *not* been changed in the least.

It is pertinent to inquire, Can cow's milk be so manipulated as to be a good substitute for mother's milk by balancing its protein substances and so operating upon its tough, cheesy casein as to make the whole mass like mother's milk and easy of digestion ?

The answer must be in the affirmative, because it is done in great quantities. Certain it is that it is not within the purview of the physician to do this, and the nurse could not come out twice alike in any pre-digesting of cow's milk, and, as has been shown, it is necessary to *tear* the cow-casein somewhat to pieces to make it of easy digestion.

While Dr. Clark's statements hold true that the large mass of baby-foods "are generally not to be trusted," I hold that there has recently been offered to the confidence of the profession one that meets all of the suggestions of this paper and is a good substitute for mother's milk, as I have clinically proven in several cases.

Two cases of inanition resulting from a *poor quality* of mother's milk which failed to nourish the infants.

Another case, in a twin boy, who was fed upon the very best quality of cow's milk, but he could not digest it, for reasons stated above. Also cases of cholera infantum ; all improved *immediately* upon feeding them upon an artificial food recently placed upon the market and known by the peculiar name of Lacto-Preparata, composed of partly predigested and desiccated cow's milk, whose protein substances had been made to *balance* like human milk, by adding sugar of milk, as suggested by Dr. Clark.

One of the infants weighed at six and a half months sixteen pounds. The second gained four pounds in two months. The twin boy could digest this artificial food just as easily as did his twin sister its mother's milk.

One may boil flour for ten days and he will never convert it



into dextrine or soluble starch. Such a conversion *requires* a temperature of 350° F. for eight hours, and as water boils at 212° F. he is short in changing power by 138 degrees.

Again. Malt sugar, being soluble in water, it will not to any appreciable extent prevent the coagulation of the casein of cow's milk, and in the addition of any cereal flour that has not been converted into dextrine, quite as indigestible a substance has been added to the milk as the casein itself.

I hold that an artificial food made upon the above principles will digest as easily as mother's milk and *nutrify every tissue*, which is not always the case, in *poorly-fed* mother's milk ; and one will find in the above food all that is required in a good and reliable artificial food for infants under eight months of age.

[We sincerely trust that Dr. Thayer is correct regarding the food of which he speaks. We fear, however, that he will find it of benefit in some cases, and of no value in others. Predigested foods have not as yet met the demands of the system ; in many cases they have proved of no value.—G. H. C.]

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## NOTES FROM PAST MEETINGS OF THE LIPPE SOCIETY.

Dr. Carleton Smith spoke of the difference between *Mercurius* and *Podophyllum*. To be certain that *Merc.* is indicated, the patient should be requested to put out his tongue ; biting upon it slightly causes the well-known impression of teeth. *Merc.* has for key-note yellowness at root of tongue.

*Podophyllum* has flatulence on right side of abdomen only, with palpitation of the heart. This is peculiar to *Podoph.* Another peculiar symptom of *Podoph.* is falling of the womb, with pain in the back, which is worse from leaning over the wash-tub.

The *Merc.* patient, when using an outside water-closet, is made worse by taking cold from the draughts of air.

Dr. Fellger—Mercury is a remedy that affects the liver more than any other drug. After death the reguline metal may be found in the liver of those who have taken it. Silver is found in the heart and lead in the brain.

A man with yellow fever was treated in an old-school hospital with twenty-grain doses of Mercury. When, some time after this, Dr. Fellger made a post-mortem examination, he found a large quantity of Mercury in the liver. The other organs were healthy. Dr. Fellger also said that those who have prolapsus recti are usually affected with elongated uvula. In the pathogenesis of Mercury are recorded falling of uvula and prolapsus of the rectum. Natrum-muriaticum is a good remedy where a patient with an affection of the back can stoop over readily, but it hurts him to straighten himself again.

In gonorrhœa, the slightest inflammation is much increased by getting cold from the draughts of outside water-closets. The inflammation may thus be made to extend to the prostate gland and the bladder. Hence, in all cases of gonorrhœa he makes particular inquiry as to the kind of water-closet used. If the patient has access to outside water-closets only, he orders him to wrap the genitals in a towel. This is one of the main difficulties in treating gonorrhœa. In gonorrhœa, as in all other affections, it is necessary to examine into the entire condition. Thus, taking as a guide, with other symptoms, furuncles on the lower lip, he gave Petroleum, and effected a rapid cure in a case of severe gonorrhœa.

In reply to a question, Dr. Fellger said two capital remedies for sleeplessness of children at night are Coffea and Opium. Coffea, restlessness then sleep; Opium, sleep then restlessness.

Dr. Carleton Smith said, Where the baby sleeps all day and cries all night, give Lycopodium. In these cases there is often the red sand in the urine.

Dr. Fellger—Sulphur has the symptom, urine clear and colorless as water. In such cases the child is dangerously ill.

Continuing about Mercury, Dr. Fellger thought no drug was so abused by the old school. It is found not only in the liver but in the bones. In a museum in Strasburg he had seen a room filled with bones of those who had been mercurialized. The metallic mercury was plainly visible. There were skulls where section of the diploe showed large accumulations of Mercury.

G. H. C.

## ABUSE OF QUININE.

WM. STEINRAUF, M. D., ST. CHARLES, MO.

Seeing that one of the contributors of THE HOMŒOPATHIC PHYSICIAN asks for an article upon the evils of Quinine in massive doses, I submit the following few words on the subject.

I have always practiced medicine in what is generally called a "malarial" country and where allopathy reigns supreme, where Homœopathy is decried as quackery, and a homœopathic physician is looked upon as a crank. Such is the State of Missouri. Quinine, Calomel, and Morphine are the trinity of the old-school doctors' armamentarium in this part of the country. I believe that Quinine is the worst of the lot, because used three times as often as any of the others. Fully one-half of the chronic diseases that homœopathic physicians in this part of the State are called upon to treat, have become chronic because of the continued and excessive use of Quinine, and, I think, it is so all over the land. From an aching of the big toe to the last stage of consumption, Quinine is the Alpha and Omega of the scientific treatment of our old-school doctors. The congested livers, bloated abdomen, and hypertrophied spleens tell a plain story.

Our allopathic doctors, who say that the experience of ages and all scientific knowledge are on their side, claim that Quinine, in large doses, is the true and only remedy that can be employed with success in "malaria." And as more than one-half of all diseases have a malarious bottom, Quinine in large and frequently-repeated doses is the sheet-anchor. That is the way they argue. But "malaria," thus suppressed, is not cured. Hear what Hahnemann says: "True, they can no longer complain that the paroxysm of their original disease reappears on certain days and at certain hours; but note the earthy complexion of their puffy faces, the dullness of their eyes!

"See how oppressed is their breathing, how hard and distended is their epigastrium, how tensely swollen their loins, how mis-



erable their appetite, how perverted their taste, how oppressed and painful their stomachs by all food, how undigested and abnormal their faecal evacuations, how anxious, dreamful, and unrefreshing their sleep. Look how weary, how joyless, how dejected, how irritable, sensitive, or stupid they are as they drag themselves about, tormented by a much greater number of ailments than afflicted them in their ague. And how often does not such a China-cachexy often last in comparison with which death itself were often preferable?

"Is this health? It is not ague, that I readily admit, but confess, and no one can gainsay it, it is certainly not health. It is rather another, but a worse disease than ague. It is the China-disease, which must be more severe than the ague, otherwise it could not overcome and suppress (suspend) the latter.

"Should the organism, as it sometimes will, recover from the China-disease after many weeks, then the ague, which has till now remained suspended by the superior force of the dissimilar China-disease, returns in an aggravated form, because the organism has been so much deteriorated by the improper treatment."

Let us mention a case or two plainly showing the terrible effects of this drug on the system.

Mrs. K., wife of a miller, has been complaining for the last eight or ten years. She has aches and pains in different parts of the body; feels tired and worn; no ambition to do anything; no appetite, and always constipated. The diagnosis of our friend the enemy was "malaria." Now constipation always indicates cathartics with them, and malaria invariably Quinine, just as pain points to Opium, syphilis to Iodide of Potassium in large and increasing doses.

This good woman has now taken these two—cathartics and Quinine, especially the latter—off and on for many years, and still she is not well, still the cry is, "malaria." Her liver began to swell, and a terrible pain in her right side and below the right shoulder-blade supervened. Insomnia was now a prominent feature, and the woman began to fear that she might eventually lose her reason.

In this dilemma I was asked to take charge of the case after her allopathic adviser had freely acknowledged his failure to cure. As I could see no particular indication for any particular remedy, Sac-lac. was given for a few days, when she had the following symptoms: Dizziness, roaring in the ears, tired and given-out feeling. Besides, there was constipation and belching of wind and no sleep. Nux-vom.<sup>cm</sup>, one dose. This relieved the constipation, but all the other symptoms remained. Nux-vom.<sup>cm</sup> again. Within two weeks very little change. Carbo-veg.<sup>cm</sup>.

After another two weeks there was indeed a wonderful change for the better. The lady, that a few weeks before looked haggard and icteroid, was sleepless and would not venture out-of-doors, now became quite lively, ate, looked bright, slept well and began to stroll about her premises. She was under treatment for about three months, Nux-vom., Carbo-veg., and Sulphur made a new woman of her. She freely and loudly proclaims that it was the continuous use and abuse of Quinine that was the cause of all her aches and pains these years. She was never without taking a few doses of the drug every week, and whenever her condition would be in the least aggravated, her physician would claim that the dose must be increased. She is a small and frail woman, of a mild and sympathetic temperament, and how her system withstood this battle with the Quinine from year to year is indeed a marvel.

Chas. B. has had the third-day ague six years ago, and after doctoring more than a year, finally succeeded in getting it suppressed with a prescription that called for forty grains of Quinine, and one-half grain of Arsenic three times a day for four days. For two or three months after losing his ague, he began to get peculiar hallucinations, especially in the spring-time and in the fall. The spells would come on toward evening. Could work during the day. When the spells came on he complains of terrible pains in the left hypochondrium, runs about and acts strangely. The family and all the neighbors think him insane when one of these attacks occur. He will then not sleep all night, but still be able to work during the day. He never

threatens to do violence to any one, but has frequently talked of committing suicide when this pain is at its height. He neither uses tobacco, nor does he drink. He dates his troubles from the time he used said large and excessive doses of Quinine and Arsenic. Nux-vom.<sup>cia</sup>, one dose every three hours till three doses are taken. Sac-lac. In one week the spells had grown very much less. Sleeps better. Sac-lac. another week. Improvement more marked. Bowels, heretofore very costive, now quite regular. Sac-lac. for the next four weeks. Now an eruption appeared on the whole body, for which he took Sulphur DMM, Swan. Six weeks later he was well and has remained so now over ten months.

So much for the terrible abuse of Quinine. I have treated many such cases, but have not every time come off with flying colors. In my estimation the majority are never cured.

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### A CASE OF SYPHILIS.

MAHLON PRESTON, M. D., NORRISTOWN, PA.

I cite the following case of venereal infection, with the hope of further fortifying my belief in the possibility of prompt and radical cures of such cases, avoiding the long train of secondary troubles that follow their management by the villainous methods not purely homœopathic.

My earliest knowledge of the present case dates to within ten days of first exposure, at which time no topical or other remedial measures had been used; there is the best reason to suppose no similar infection had ever taken place.

The first inspection disclosed an œdematous prepuce, rather firmly closed in front of the glans, yet permitting a painful and difficult retraction of it, which revealed three large and deep chancres, the size of a split soup-bean. One on either side of the frænum below, the third behind the corona to the right, extending from below to middle way around the glans.

These ulcers were eroding rapidly on the edges, their bottoms appeared dark, granular, and dry.

Induration in and around the sores seemed to threaten a rup-



ture of the parts where the foreskin was retracted. The slightest manipulation was painful to a high degree.

I gave five doses of Merc-sol.<sup>6m</sup> and a soft pledget of cambric muslin, moistened in milk and water, was closed in beneath the prepuce over the ulcers, to be renewed as required for cleanliness and comfort.

This medicine being permitted to act for three days, examination showed the margin of the foreskin knotted with numbers of minute chancres, similar in quality to those beneath. They had, at the same time, undergone further erosion, so that one-half the glans seemed destroyed from below and behind, leaving simply the urethral channel intact.

This horrid gap had evidently severed the confining hold of the prepuce, since it had retracted beyond the corona and fastened round the remainder of the glans in a vise-like stricture which presented the most forbidding aspect.

The conditions of the case, reviewed with great earnestness at this moment, presented the following points: Patient æt. twenty; slender stature, of good flesh and ruddy, robust appearance, inheriting no dyscrasia; sores deep, hard, of a dark reddish color, rapidly extending, with burning, pricking and itching in them; stiff feeling of penis down to its base; not very copious discharge, but frequent desire thereto, of strong-looking urine containing mucus, giving it a ropy look; tired aching and shooting in the renal region; absence of sexual instinct complete.

This last, in conjunction with the deep and corroding chancres decided for Kali-bichrom. Three doses were given dry and the first signs of improvement became evident twenty-four hours later, and all medicine was withheld while it lasted. During the next fourteen days granulation took place so rapidly that at the end of that period it was nearly complete and the destroyed part had gained its natural shape and prominence, and points of the dermoid covering only wanting, which they speedily received.

Three weeks from first observation of the chancres this had taken place. If the priapism usual in such a state of affairs had prevailed here, the process of separation might have been seriously prevented or retarded. Whereas, the absence of erections

permitted and hastened it to the utmost ; till the form and substance of the whole organ was within an ace of perfection—now the sexual appetite, which had been from the first so markedly wanting, suddenly asserted itself, and a priapism, causing phymosis, supervened, which at once substituted the new difficulty of danger from sloughing of the head of the penis through strangulation.

Around the frænum the foreskin was œdematous to the size of a goose egg, which extended to the whole length of the penis almost at once, and brought the glans entirely within its cover above, being confined as though tied by a fine cord in three places between it and the pubes ; watery, purulent discharge issued from within the foreskin, with itching, pricking, and burning in the neighborhood of the constricted glans. A forcible jerking extended through the whole organ, particularly when patient fell asleep. Merc-corr. first given produced no amelioration, but this painful jerking decided me for Cinnabar, given 5C, three doses, followed by placebo. Improvement came promptly from this latter, giving sleep and comfort to the patient. The first remedy for this symptom had remained without effect, and Cinnab.<sup>5c</sup> was resorted to, a few doses of which administered at short intervals abated the jerking, the remedy being allowed afterward to exhaust its curative effect. The œdematous condition abated in four days, leaving all the parts in quite a favorable state, and the former chancres entirely cicatrized, an effect hardly to be expected from the amount of tension which seemed to have existed around the healing glans.

Notwithstanding the apparent normal condition now prevailing, a third back-set was encountered in the left eye a few days later. It became injected and swollen, with a very sore spot above the limit of the cornea on the ball. It was described as a protruding and swollen point pricking and wounding the lid when moved, and causing the same feeling in the eyeball itself. Inversion of the lid, indeed, brought this state practically to view, with vascular rays of enlarged and turgid vessels extending over the ball and causing obscuration of a portion of cornea. Very painful, piercing stitches affected the inner canthus with

floods of tears, when the eye was opened the slightest, for light could not be borne at all.

Much general smarting and burning affected the eye, and the weight of the lid on the ball seemed almost intolerable. Vision was lost from obscurity of the cornea, yet I could plainly observe the pupil fixed and distorted, being quadrangular in shape.

These appearances and symptoms seemed to denote the probable outbreak of a chancre on the eyeball, and the existence of iritis evidently demanded prompt measures.

This demand, I am sorry to state, was sacrificed in the too hasty giving of Croc-s. for the extreme lachrymation at its first appearance, which was not effective. But a choice was later cast on Clematis E. from a maturer review of the facts present. It has stitches in left eye, inner canthus, as from a pointed instrument, pressure in middle of left eyeball, reddened conjunctiva, profuse lachrymation and dread of light; fear to open the eyes; pain in closing the eyes. So close a reproduction as here existed can cause no surprise at the almost instantaneous changes that come over the case from the administration of Clematis<sup>20</sup>. To the homœopathist it was as the transmutation from darkness to light, from disease to health. Pain vanished as by magic, and a few days of activity in the absorbents restored normal vision and appearance in and around the eye.

But a mild difficulty was experienced after this. The secondary eruption, which appeared on the face and chest, made but an ephemeral show; it was gradually and steadily removed by Nitric-acid<sup>cm</sup> given at weekly intervals.

The whole period during which this man remained under treatment was over seven weeks. It exhibited several, if not all the phases of a syphilitic case successively. Six months has now more than elapsed since the last vestige has vanished. Have I a right justly to claim that a radical cure has been made?

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### "WANT TO KNOW, YOU KNOW."

FRANK KRAFT, M. D., SYLVANIA, OHIO.

A young lady, æt. twenty-two, unmarried, thin and spare, chlorotic and anæmic, intellectual predominance, "mild, gentle,



and yielding," has an uncontrollable appetite for raw potatoes. These she must eat before breakfast. They do not distress her. If she overloads, of course, the usual discomfort. Generally constipated. Eyes weak. Left kidney seat of soreness. Some uric acid deposit. Unable to go up-stairs without palpitation. Disposition to faint. Coldness of feet. Skin dry and coolish. Hair, chestnut; same for eyes. Has become convinced that she has tape-worm, and comes to me for such treatment.

The only remedy that I find (in W. Jefferson Guernsey) that has desire for raw potatoes, is Calc-carb. ; but with the exception of that one symptom, and the dubious one of inability to go up-stairs, there is not, so far as I can judge, another prominent symptom of Calc-carb. in the case. Alumina looms up as a potato remedy—or rather a remedy the provers of which were made worse by eating potatoes; the anæmia, the chlorosis, the constipation, the *unnatural* appetite, almost persuaded me to give Alumina. Then I turned to Lycopodium, found constipation, satiety from a few mouthfuls, tympany; brick-dust sediment, pain in kidney relieved by urinating, likes oysters, but they distress her unduly, worse of her general symptoms in latter part of afternoon. Her mother, who was present, filled in one of the gaps of silence by saying that she (the mother) had so much wind colic. Every afternoon, clothes got so tight, and that Mary was a good deal like herself. The mother's symptoms were unmistakably Lycopodium. I reviewed my notes carefully, and mentally wished for Dr. Hale's philosophical temperament, so I might cut this Gordian knot by giving, alternately Alumina and Lycopodium, with a possible intercurrent of Calcarea. I gave, instead, Lycopodium, and requested to see patient again in ten days. Was I right?

Why didn't I give Filix-mas, or some other tape-worm specific, and expel the "critter"? Well, first, because I am not sure there is a tape-worm; second, because I am prescribing for my patient, and not for a possible tape-worm; and, third, if Lycopodium is the simillimum it will not only expel the worm, but destroy the eggs and the nutriment for other incipient

worms. But suppose *Lycopodium* is not the simillimum? Then, truly, I have blundered, and must try again; but I am confident my patient will return to me in ten days improved in many ways, even if the raw-potato diet still continues a necessity. Then I shall restudy my case, and again give the nearest simillimum. And still do nothing to expel that worm? Why, yes, the simillimum is at work on that worm. But, ultimately, you will have to take that worm by his horns, so to speak, and expel him, say you. Perhaps. But if I do, it will be because of my ignorance, and I shall sing very small about the performance.

I have seen "worm" tablets given to children, and in due course a large teacupful of wriggling worms was expelled. That's the business, say you. Yes, and I have heard the anxious parent and the modest(?) neighborhood exclaim, "None of your 'sweet sand' medicine for my children. I want to see the worms." And they usually do, for in the course of a fortnight the child is again "wormy," and more tablets are given, and more worms come away, and more satisfaction on the part of the mother. But, by and by, this becomes monotonous; the worms seem to thrive, and for one that comes away a dozen new ones spring into existence. Then, as the child is not improving, but looks wretched and puny, the mother bethinks her of her "little-pill" neighbor, whose child seemed also to be wormy, but, after a course of homœopathic powders, ceased to give any signs of worms, and has since grown strong and fleshy. She visits her friend, and is prevailed on to try some of the "faith" medicine. The result is satisfactory.

In brief: if there is a tape-worm in this case, I propose to make his surroundings so disagreeable to him and his progeny that he and they will be glad to vacate the premises; and if, under pressure, I give way to any peremptory method of expelling his High Nobility, I shall feel that I have descended from my exalted position as a homœopathic physician to the level of that loud advertising glib-mouthed fakir—The Tape-worm King. Am I right?

## FATAL ERRORS.

J. H. JACKSON, M. D., FLINT, MICH.

"Don't hold a penny so close to your eye that you can't see a dollar a little further off," was the advice I once heard a friend give one of his agents.

The besetting sin of many who *pretend* to follow Hahnemann is that they hold a pathological lesion so close to their eyes that they fail to see the individuality of their patients.

If a patient should consult a physician of this class for treatment for an epithelial cancer of right ala nasi, the probability is that he would prescribe Kreosotum, *because* it has epithelial cancer of that locality.

He would not think that in the first place whoever gave Kreosotum for such a lesion probably prescribed it on account of other symptoms that were covered by the remedy, and as the *symptom*, *not* disease, epithelial cancer disappeared under the use of Kreosotum, the *symptom* epithelial cancer of right ala nasi has become recorded under this remedy. Therefore to prescribe it for this pathological symptom alone would *not* be a proper way to proceed in the treatment of the sick.

If a cure followed it would be an accidental one, as a pathological lesion is simply an outward manifestation of an *internal* contamination, and of itself many times unsufficient basis for a homœopathic prescription.

I was once called to treat a boy for phymosis. On page 68 of *Berjeau on Syphilis*, under Merc-cor., can be found these words: "Indicated when there is violent swelling of prepuce like a bladder, with burning, biting, redness, and painful sensibility, with cracks and fissures on inner surface." This was an exact description of the local symptoms which, in this case, might have been abridged to have read—phymosis, for all the good they would have been as a guide for the selection of the most truly homœopathic remedy. For in addition to the local



symptoms the child's urine would become like milk after standing awhile; the cheeks were very red, with well-defined bluish-whiteness about mouth and nose. He could not bear you to look at him, and to touch him was the signal for an outbreak of rage and scolding. His mother said that in sleep he was constantly grating his teeth, and boring at and rubbing his nose in sleep or awake.

Now, what was the correct way to proceed in order to heal this patient in a truly Hahnemannian manner? Give Merc-cor. because it covered the pathological lesion, or Cina, which corresponds with the patient's individuality?

It would have been a fatal error to give Merc-cor., for it was *not* homœopathic to the case, but Cina *was*, even though it had never been known to cause or cure phymosis. Therefore Cina<sup>1m</sup> was administered, and was followed by amiability of temper and speedy recovery of health.

Suppose I were to write a *materia medica*, and under Cina should record, "Phymosis, violent swelling of prepuce like a bladder, with burning, biting, redness, and painful sensibility, with cracks and fissures on inner surface." It would indeed be a fatal error for a physician who might have a case of phymosis presenting an exactly similar pathological state to hastily give Cina, without first scanning the case for mental symptoms and all other objective and subjective signs that, in their entirety, voice the true picture of a case of sickness, and infallibly demand for its removal *that* remedy capable of producing exactly similar symptoms to the most *striking* and *peculiar*, therefore most *characteristic* symptoms of the patient.

The mental symptoms, "cannot bear to be looked at, nor touched," were very striking and peculiar, and, on that account, ought always to overshadow common or ordinary symptoms.

It matters not whether a tumor of the breast following a blow had ever been cured by Chamomilla or Cina, if the mental and other symptoms of the patient were covered by either of them, it would be in accord with strict Homœopathy to give either of them, and not the routine remedy, Conium.

It is a fatal error to give "usual" remedies, *because* of their

being usual remedies, or ones most frequently indicated. A large percentage of failures is due to routine prescriptions, particularly by the mongrels, who never have allowed the beautiful truths of our divine art to permeate their very souls. I say allowed—the majority of them are probably incapable of becoming in harmony with truth, as they are hopelessly infatuated by the tinsel and trash of the “physiological livery.”

A woman presenting in her face what the books describe as the cancer-cachexia, consulted me about a tumor involving the right labia majora and for a distance of six inches down inner surface of thigh, and deeper tissues for about three inches, the growth being about three inches wide, and probably weighing a pound or pound and a half.

The tumor being of stony hardness, had taken a year to attain its present proportions.

The labia majora was everted and hard as a stone, the patient complained of sharp, plunging pains in tumor, worse after handling it, and at night.

The woman's mother was said to have died of cancer of stomach at age of forty. The patient was thirty-nine. She told me that a homœopathic surgeon had pronounced her tumor a cancer, and said that the only remedy was the knife.

Several allopathic surgeons had given the same opinion.

I told the poor creature that remedies might cure her. The first examination elicited these symptoms: burning of feet in bed, must put them from under the covers; swelling of the feet so that much of the time cannot wear shoes; hot flashes upward, followed by great faintness and sweat, top of head so burning hot is compelled to keep it drenched with cold water; marked faintness at eleven A. M.; at times diarrhœa in early morning. Sulphur<sup>cm</sup> one dose, and Sac-lac. three times a day for two weeks.

On second examination, I was informed that all the symptoms, except lancinating pains in tumor, had improved for about eight days, when they returned and were now about same as at first. Another dose of Sulphur<sup>cm</sup> was given and Sac-lac. for two weeks.

At third examination she told me that all symptoms had ceased, except pains in tumor, which were *very* sharp, and that there were *sharp, plunging pains* back of ears, in arms, in abdomen, and in various parts of body, and that her feet do not burn, but are more swollen than ever.

Examination of tumor revealed no perceptible change.

Now, sharp, lancinating pains are characteristic of a scirrhus, and are, on that account, *not* a characteristic or guiding symptom. But sharp, lancinating pains in various parts of the body of a person afflicted by cancer, *are* striking and peculiar, and, therefore, characteristic, and as Apis-mel. has prominently these pains, and as it covers the œdema of feet and thirstlessness and scanty urine, which she now complains of, Apis<sup>cm</sup> was given, with a request to report in one week.

When she came to see me she said that after taking the first dose of medicine, the sharp pains were more intense than ever and more frequent, and that where the pains came, would be sore for hours after.

After the aggravation of pains passed off, the swelling of feet, scanty urine, and thirstlessness were improved for a few days, but now are about the same.

A second dose of Apis was given and in a week's time she entered my office with the exclamation, "O doctor! I think there is a change in the swelling." Examination of it revealed the fact that the tumor seemed to have broken up into angular pieces that were very hard to the touch and could be felt to move slightly on manipulation. *No medicine.*

In two weeks I again examined tumor and found the angular pieces could be plainly felt and that they were freely movable about, the labia majora was also less everted. The patient now complains of passing large quantities of colorless urine. *Her stomach seems full from a few mouthfuls* of food, and has great distress from gas in stomach and abdomen and rumbling in abdomen and in left hypochondriac region. Prescribed Lycopodium<sup>cm</sup>, one dose. In one week reports that the remedy seemed to act like magic, as she was relieved of symptoms at once, but that for the last day or



so has had some return. *Lycopodium*<sup>cm</sup>, one powder, and in a week another dose, and these *seven* doses of medicine in the CM potency were all the medicine this woman received, and in two weeks from giving the last dose *not a vestige of the tumor remained*, and the patient presented a perfect picture of health.

Who can contemplate such a marvelous proof of the truth of the law of the similars, and not love the man who was so open to divine influx as to receive into the chamber of his radiant mind so full and perfect a revelation of the only art of healing worthy the name?

And who among us that has plodded through many a weary hour of faithful search of the *materia medica*, that we might do honor to our loved art, and do good to those who were sick, and who *know* that this alone is the royal road to "restore health to the sick, which is called healing," can have other than scorn and contempt for the barnacles that "trade upon a name"? Who deceive and lie and slander and slay that they may make money and escape the labor that alone enables one to do the best possible for the sick and suffering.

When we, who know the better way, witness the fearful mortality attending the allopathist's art of bungling, and the little better that attends the ministrations of the mongrels, and in addition, the worse than death—the various torturing mental states that make the lives of hundreds of thousands a very hell: the frightful wastings, the excessively fat, and the walking skeletons, the distorted, lame, halt, misshapen, and blind: the everted fiery red eyelids, burned "scientifically" by caustics till the human countenance divine is loathsome to behold: the corneal opacities that shade forever the windows of the soul: the slow death by inches by consumption, and by cancers that eat and eat and burn like fire, and produce a stench that makes the abode of the sufferer a charnel-house of horror: the thousands that throng the mad-houses, *sent* there by as vile and reprehensible a mal-practice as ever disgraced the veriest ignoramus, a mal-practice perpetrated by graduates of a "regular" school, established to teach and train men in that most fearful art of violating nature's laws, done in the name of "science"—

*regular* science: the thousands that are sent into the world but half made up, idiots, imbeciles, blind, deaf, and dumb; their rounding out and harmonious development blighted in their mother's womb by that blasphemy against truth and common sense and humanity, regular and mongrel methods of treatment that violate the law of metastasis in the treatment of the complaints of women during the stage of gestation, and, consequently, abort the mental or physical development of the fœtus: when we witness these fearful consequences, it is well to denounce in no uncertain voice the vile mongrel who deceives and misleads and does more harm to a propagation of pure Homœopathy than many true followers of Hahnemann can overcome in a lifetime.

We all ought to have charity for honest error, *but it is a fatal error not to denounce criminal negligence*, and it is nothing short of criminal negligence for professed homœopathists to resort to "cobbling" allopathic methods of *suppressing* manifestations of diseased action, instead of studying the *materia medica* and becoming thereby competent healers of the sick.

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## HYSTERICAL SPASMS CURED WITH PULSATILLA<sup>30</sup>.

DR. PAUL LUTZE, COETHEN.

A young woman complained that for the last nine months she suffered from periodical spasms, during which she is forced to scream out. Accidentally the doctor had the opportunity to witness one or two during his office-hours. It sets in with weak, but gradually increasing respiratory troubles, similar to the puffing of a locomotive, followed by heartrending screams, accompanied by thrashing about; consciousness seemed abolished during these attacks, which is rather a rare symptom in hysteria. They usually appeared toward five P. M.; menses scanty and weak, mostly only every six or eight weeks. In consequence of a former endocarditis there was some slight mitral deficiency. The symptoms indicated Pulsatilla<sup>30</sup>, which he prescribed in the

manner of his dosage in chronic affections : to take of a watery solution a teaspoonful mornings and evenings for three days, then a free interval of eleven days, so that the four powders (second and fourth placebos) sufficed for four weeks. During the first two weeks the fits increased (medical aggravation ?) but the last two weeks no fit. Courses appeared regularly after four weeks. Then the fits returned every other day, which might be considered a critical aggravation, sometimes observed before a final one is obtained. *Pulsatilla*<sup>30</sup> as before. Three months afterward, during which she took placebos, she had no fits any more, and they never returned, and as he treated her since for a dry herpes on the chin, the woman can be considered cured.—*All. Hom. Zeit.*

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The case would be hardly worth while publishing if it were not for the manner in which Lutze prescribed the drug. Morning and evening a minute dose of the 30th, and then nearly two weeks tincture of time and patience are the order. Yet we see even that this close prescriber erred in repeating his remedy, when everything hinted to a speedy cure. I once heard my valued friend, Professor Carleton, remark at a meeting of the New York County Medical Society that waiting for the action of a remedy is the greatest trial for a conscientious prescriber, and that we often fail by being in too much of a hurry. How few practitioners know the duration of a drug in susceptible persons, and when life-force is once set in motion in order to restore the equilibrium, any repetition or change can only act in a disturbing manner. Instead of bio-chemistry, let us rather study the biological laws, as lately shown by Arndt and Schulze.

S. L.

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## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S.

RANUNCULACEÆ (CONTINUED).

*Helleborus viridis* (Green Hellebore, Bear's Foot, found in thickets or chalky soil ; comparatively scarce in England, but abundant where it occurs).—This, though not a showy flower,



is, like all hellebores, a very elegant one, bearing yellowish green *spreading* flowers, well worth gathering, not too large, as the well-known Christmas rose (*Helleborus niger*). A short account of this will be found in Dr. Allen's *Materia Medica*. It produces, amongst other symptoms, the following: "Ringing and roaring in the ears, with feeling of stoppage; violent itching in the nose, with frequent and violent sneezing, from application to the parts, pricking on the tongue, relieved by rinsing with water. At first a profuse secretion of saliva and mucus in the mouth, soon followed by a feeling of dryness and of warmth in the pharynx and stomach, which gradually becomes a dull burning. Abdomen sensitive and distended; profuse diarrhœa, with intense colic and tenesmus; great nausea and inclination to vomit; violent headache and thirst; condition bordering on torpor, lasting the whole night, and preventing refreshing sleep; heat at times over the whole body." I found this plant in great abundance some years ago. It extended over a space of about a hundred square yards at the bottom of a wooded hill. I had never seen it growing wild before, and it was a sight worth seeing, especially to a botanist, and the pleasure experienced was intensified at the time by the fact that I was in need of a good quantity of the root.

*Helleborus fœtidus* (Stinking Hellebore, Tetterwort).—Found in similar situations to the foregoing (*Helleborus viridis*). These are the only two members of this genus indigenous to this country. The leaves of the stinking hellebore are said to have extraordinary powers as a remedy for worms. The root has an extremely fœtid smell and bitter taste, and is also very acrid, and if chewed will excoriate the mouth. It is purgative and emetic, and very injurious in large doses. According to the proving in Allen's *Homœopathic Materia Medica*, it produces "violent vomiting and purging, with pain in the stomach, soreness of the mouth and throat; colic, fatal convulsions and swooning; falling off of the hair, and of the nails of the fingers and toes; peeling of the scarf-skin of the whole of the body; restless sleep; profuse discharges from the ulcerated surfaces by applying the drug; difficulty in reading in the evening by candlelight for four days."

*Helleborus niger* (Christmas Rose).—This well-known plant is not indigenous to Britain, but has been so long one of our garden favorites, and moreover is so well known as a homœopathic medicine of the first order—there being a good proving of the drug in Jahr's *Materia Medica* and also in Hering's *Guiding Symptoms*—that I have thought it advisable to mention it with English plants. The ancients esteemed this plant as a powerful *remedy* in *mania*. In more recent times it has been used empirically as a drastic purgative, and in smaller doses as a diuretic and emmenagogue, also in *mania*, *coma*, *dropsy*, worms, and *psora*. The “proving” of this drug on the healthy shows why it is good in certain forms of insanity, etc., etc. It *produces*, among other systems, melancholy, taciturnity; excessive and almost mortal anguish; nostalgia, or a vehement desire to revisit one's country, attended with melancholy, loss of appetite, and sleep. The Swiss are said to be much subject to this affection, as well as other mountaineers. The plant in question is a native of the mountainous parts, especially of Switzerland, Italy, etc. It also produces indolence, sobbing, lamentation, obstinate silence, mistrust, stupidity, weakness of memory, etc. It *produces* involuntary watery diarrhœa, colic, urging, straining, and vomiting; suppression of the menses; drowsiness, constant somnolence, torpid sleep; ulcers and various skin troubles. Suppression of urine; over-distention of the bladder; frequent urging to urinate, with scanty discharge; sudden watery swelling of the skin of the whole body; anasæra. It is one of the most homœopathic remedies in certain forms of dropsy. Allopaths use it because it does good, but knowing nothing of our law of cure, which guides us in the selection of a remedy, they know not why it cures, and therefore can only give it experimentally and often improperly.

*Aquilegia vulgaris* (Columbine).—Found in woods and thickets, etc., chiefly on a calcareous soil. The wild plant is called *Aquilegia* from the shape of the nectaries, which are curved like the talons of an eagle. It should always be employed for homœopathic tinctures. The *aquilegia* is a very old and favorite garden-plant. This plant was formerly employed as a

remedy for eruptions on the skin, for jaundice, scurvy, etc. It is very similar to *Secale cornutum* in its action in child-birth. It is used in Spain as a remedy for stone. Some mention is made of this drug in Dr. Peter's *Diseases of Females*.

114 Ebury St., London, England.

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### ANNUAL ADDRESS OF GEO. WIGG, M. D.,

President of the Homœopathic Medical Society of the State of Oregon, delivered at its Fourteenth Annual Session, held at Portland, Oregon, Tuesday, May 13th, 1890.

LADIES AND GENTLEMEN :—Time, ever swiftly rolling onward with its burden of care, as well as of joys and pleasures, has again favored us with another opportunity of meeting together to exchange fraternal greeting, and review our labors of the past twelve months.

With some of us these golden moments will pass—are passing rapidly away with each changing year ; such being the case, let us make the most of our time in giving and receiving all the good in our power.

We are assembled at this time under circumstances of no ordinary character—peculiarly blessed at the hands of the Great Physician, in the enjoyment of full health and strength, and of our reasoning faculties, blessed in our basket and in our store, in our going out and in our coming in. Let us then with thankful hearts look up to the Giver of all good, and invoke His sanction and blessing upon all we may say or do at this meeting ; may He who is the fountain head of all wisdom, expand our minds, enlighten our understandings, so that we may the better grasp the great problem of restoring the sick to health.

Since our last meeting, two of our number have fallen from the ranks of Homœopathy in this State, Dr. Pohl, late of Portland, and Dr. Resdon, late of Salem. At an hour they were not aware of, their spirits took their departure from the tenements of clay. We shall not see their faces nor hear their voices in our midst again ; but in the deathless hereafter, our spirits, with



theirs and Hahnemann's, Dunham's, Hering's, and a host of others who have departed from the battle-field of life, shall together walk the palace of the skies. For we know there is something that lives, the dust can but cover its dust.

In taking a retrospective view of the past twelve months, we stand awe-stricken as the panorama passes before the mind's eye. City after city has been laid low by the devouring element, fire. Thousands of human lives have been sacrificed in that ever-restless element, water, while catastrophes from other causes have been legion. Yet, amidst it all, the physician has calmly performed his mission of toil and mercy, and Homœopathy has brought forth golden blocks for the Temple of the Art of Healing.

For fourteen years this Society has annually congregated, and the results of these gatherings are manifest in all parts of Oregon. Already there are thousands of persons living in Oregon who can testify to the superiority of Homœopathy over every other known system of medicine. This fact ought to stimulate us to still greater effort in behalf of those grand truths which it teaches.

I repeat, "those grand truths." For when Samuel Hahnemann, in the year 1796, announced to the world the law of *similia*, he proclaimed a truth high as heaven, deep as hell, and lasting as eternity; and because of this truth, he was hated by physician and apothecary alike, and in some kingdoms his practice was interdicted by law, and the law went so far as to forbid him from dispensing his own remedies.

How much better it would have been for humanity at large, had the old-school doctors assisted Hahnemann in his search for proof of the law he taught. Hahnemann threw down the gauntlet when he said: "Either prove or disprove the truth of what I say—if true, acknowledge it; if false, publish it to the world." But instead of doing so, they heaped upon that head, which was the peer of them all, calumny, and not content with that, they drove him from the land of his birth, causing him to become a stranger in a strange land. No doubt he thought, as he turned his back upon his native land, Was ever grief

like unto mine. But knowing the truth of what he taught, and seeing, away in the far distant gloom, faint rays of that sun which would arise and throw its illuminating power into the most secret recess of allopathic ignorance and deceit, he, like a well-inflated balloon in a calm atmosphere, moved smoothly through it all, landing at last triumphant, and to-day he, though dead, lives as "Hahnemann the Conqueror."

His enemies might down him, stone him, yea! have slain him, his blood would only have given nourishment to his convictions and the truth he had already proclaimed would have still grown and reflected back upon their guilty conscience—the law, "*Similia similibus curantur*," which even now haunts and troubles them.

In the year 1834 Homœopathy was represented by an old-school doctor as being nothing but a frightful abortion, with a big body, goat hoofs, crooked arms and long fingers, fox's eyes, donkey's ears and a hydrocephalic head, and like every other work of deceit and darkness, must of itself fall to the ground.

"And 'twas thus they shouted and they spouted ;  
Then they spouted and they shouted ;  
But the people jeered and blouted,  
At their damned infernal lies."

Had it been in the power of the allopaths to have done so, they would have burned Hahnemann and his adherents at the stake, even to-day are they not plotting the destruction of the name Homœopathy—and no stone will they leave unturned that will help them in their work of persecution. But Homœopathy is powerful, and, being founded upon truth, cannot be destroyed.

In an article published in the *Medical World* of January, 1890, Vol. VIII, page 24, the editor, in speaking of the homœopathic law of cure, says: "A prudent man will not fasten himself to any so-called law of cure, because no such law exists." Great God! what an expression. "No law." A world of men, women, and children, bowing beneath the curse of disease, and an army of noble-minded physicians toiling incessantly to find the best ways and means by which disease may be cured, life prolonged, and sorrowful hearts made happy and "no law." Go! stand at the base of yon snow-capped mountain—watch

those little streamlets creeping from their white bed, see them form into brooks, then watch the brooks as they form into creeks, the creeks into rivers, and the rivers into the grand old ocean, there forming a highway for the commerce of the whole world, and "no law." Again, watch the sun as it rises on a bright July morning, gilding the rosy-fingered morn with its crimson; or the moon, as it climbs from behind yon hill, veiled in the silvery mist of night; or, if you please, you may watch the Great Bear as he swings in his circle, around the polar star, and "no law." Then go and stand by the bed of those suffering from disease and tell me if there is "no law," why in typhoid fever one tongue is dry and brown, with a red streak in the middle, and another red, dry, cracked and stiff; or why one is white and another yellow? Why is it in scarlet fever, one's tongue is of a deep red color, covered all over with white blisters, and another's white with red edges?

If there is "no law," how comes it that in rheumatism, one's pains are aggravated by cold, and better by warmth; and another's is made worse by heat, and cease altogether by the application of cold; or why are one's pains aggravated by motion, and another's by rest?

Ladies and gentlemen, there is a law, and you know it; and this law of cure is as universal as the universe. How a physician, ignorant of this law, must grope around the sick form of his patient, "as gropeth the blind, and know not at what they stumble!"

Remember, that ignorance of how to apply this law in disease does not destroy it. See yon powerful engine, that by a well-known law can be made to attain a speed of one hundred miles per hour; yet ignorance of the law of evaporation and condensation, on the part of the engineer, may cause its boiler to explode and scatter death and destruction all around it, but the bursting of the boiler would not destroy the law that should have governed it. So with the homœopathic law of cure, it will do for the sick what no other known law can accomplish; yet, for lack of knowledge in its application, death may result.

In Monday's issue of *The Oregonian*, January 20th, is an ar-



ticle from the pen of Dr. Van Dike, of Grant's Pass, Oregon, in which he states that "there are no allopathic doctors, allopathic teachers, and never have been; we simply call ourselves regular practitioners." But the Doctor does not inform us in what he or his school are regular, nor upon what grounds they have arrogated unto themselves such a ridiculous claim. Further on he informs us "that the falsely called allopaths have made all the great improvements and discoveries in medicine, surgery, and the allied sciences, and McDowell, Sims, Biglow, Sager, Gross, and the other illustrious men in medicine and surgery belonged to the so-called allopathic school. Show me such an array of names in any other school, and I will show you a few white blackbirds."

We know the above-named gentlemen to be men of eminence among their professional brethren, and we know further that Samuel Hahnemann, the founder of the homœopathic school of medicine, was the peer of them all; and it was Hahnemann, and such men as Hufeland, Guernsey, Lippe, Bœnninghausen, Wesselhœft, and a host of others, not members of the allopathic school, that have done, and are still doing more to bring order out of medical chaos than any other men in this or any other age. These men brought the truths of Homœopathy to bear with such force against the citadel of the old school of medicine as to cause its ponderous machine to move forward, and to-day one can hear the grating of its bearings, as friction takes off the rust and dust of ages.

The influence of homœopathic teachings and practice on the allopathic school of medicine has been such as to constrain them to relinquish those barbarous methods which were in vogue before the days of Hahnemann. Had Homœopathy accomplished nothing more than this, and could it claim no more favorable results in the treatment of the sick than the allopaths, even then it still ranks pre-eminent in medicine.

At the fifteenth session of the State Legislature an Act was passed regulating the practice of medicine and surgery in this State. This Act gave the Governor power to appoint three persons from among the most competent physicians living in

Oregon. The Governor, for some reason known only to himself, appointed three allopathic physicians, and in so doing has given to the State a one-legged Medical Board of Examiners, with power to issue certificates to any person or persons who in their judgment are qualified to practice medicine and surgery.

Now we would like to know by what means this one-legged Board is going to test the qualifications of homœopathic physicians, seeing the Board itself is as ignorant of the law of the homœopathic art of healing as a sturgeon is of the ten commandments, for Homœopathy is not taught in their colleges, neither will they allow their students to investigate it.

Hence I say that the three gentlemen composing the Medical Examining Board of the State of Oregon, being ignorant of the *whole* science and art of medicine, are not qualified to judge of the ability of those doctors who have graduated from homœopathic colleges to practice as homœopathic physicians. And, further, seeing that the allopaths are opposed to Homœopathy, and hold it up to the world as nothing but a humbug, how can they conscientiously recommend a homœopath to the people of this or any other State?

And, again, let us suppose that the Governor had seen fit to appoint three homœopaths as medical examiners, how could they, not believing in the allopathic system of practice, recommend the students of their colleges as qualified to practice medicine? Suppose that at the next meeting of the Legislature an Act to regulate the practice of preaching in the State of Oregon should be passed and the Act give to the Governor power to appoint three clergymen from among the clergy living in this State, and suppose the Governor appointed three priests, members of the Roman Catholic Church, who should constitute a Board of Preacher Examiners, with power to grant or withhold a license, just as they saw fit, do you think the clergymen of other denominations would for one moment tolerate or submit to such a law? Verily, no. They would demand that each Church regulate its own household.

We say, give us an Examining Board composed of nine members, three from each of the leading schools of medicine; and

if you will not do that, then we demand in the name of freedom and righteousness, separate Examining and Licensing Boards for each of the legally organized medical schools of this State.

Need we remind our opponents that the Persian, in his day, had the richest, vastest empire in the world? He boasted that his laws were unalterable, and his wisdom so great that his opinions were never changed. A small but sturdy people arose on his borders—the Greek, subtle, supple, and great students of nature. With tents that covered the land, and sails that whitened the sea, the Persians came on to destroy their foe. The result was Salamus and Marathon.

In due time the Greek arose in his turn, over-ran the empire of his enemy without sheathing his sword, trampled the unalterable laws in the dust, and divided out all his provinces among the followers of his camp.

You must remember that it is no longer Samuel Hahnemann, fleeing before the wrath of his enemies, oh ! no. Homœopathy turned its face to the face of its adversary long ago, and being urged on, will fight till she conquers. Like the everlasting Gospel, its power and influence are acknowledged in every corner of the world. Never in its history has Homœopathy stood so high as it stands to-day ; never before did the rich and influential give of their substance for the spread of its cause as they are giving now. It is here a college, there a hospital, and on this street an ambulance, and on that a free dispensary, with a large staff of physicians at work by day and by night.

Time would fail me to tell how it is spreading all over the world. In America we have nine thousand five hundred practitioners, fifty-seven hospitals, several State-supported lunatic asylums, one hundred and ten societies, twenty-six periodicals, as well as a number of annual publications containing reports of transactions.

The British province of Canada contains a large number of homœopathic practitioners, whilst in Mexico, Germany, Austria, Hungary, Switzerland, France, South America, Australia, England, China, New Zealand, Hindoostan, and other places



the growth of Homœopathy in the past few years has been marvelous. Gradually, at first unrecognized, surrounded by all manner of weeds, it has at last grown into an oak of God, and suffering mankind are now healed under its beneficial shade.

And now, my dear fellows, I hope that after the business here has been transacted we will each return to our several posts of duty, determined to discharge faithfully the duty we owe to ourselves and to our patrons. Let us strive to do all in our power to cultivate a more fraternal feeling with our professional brethren everywhere, and should our lives be spared, may we return to our next annual meeting, laden with the garnered experience of another year, to give as a free contribution to the cause of Homœopathy.

Hoping that your deliberations may be harmonious, and your intercourse with each other, while here, fraternal—I will now thank you all for the courtesies you have manifested toward me during the two years I have presided over this society, and I shall ever remember those years as ones of pleasure, and pride myself in the fact that, as President of the Homœopathic Medical Society of the State of Oregon, I presided over a society whose profession is inferior to none, and whose art the noblest that ever taxed the intellect of man.

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### A REPLY TO DR. GUERNSEY'S DEFENCE.

53 WEST FORTY-FIFTH ST., NEW YORK, July 10th, 1890.

EDITOR HOMŒOPATHIC PHYSICIAN:—Your note received, calling attention to Dr. Egbert Guernsey's communication in this month's number of your journal.

I have no quarrel with Dr. Guernsey, and cannot follow him into the arena of personalities. My letter to you, which appeared in the June number, simply defined my position, and attacked nobody.

A book is kept at the hospital, in which members of the Medical Board sign their names whenever they visit their wards. The inclosed is a transcript from that book for the year 1889. We attend two months at a time, and then rest four months.

According to the record, I made twelve visits. If you wish to have a history of previous years, please signify.

EDMUND CARLETON.

[The record shows that Dr. Carleton made twelve visits, while Dr. Guernsey made one. Further comment seems unnecessary.—EDS.]

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### SANICULA SPRING WATER.

EDITORS HOMŒOPATHIC PHYSICIAN :—Have just read Dr. D. W. Clausen's timely caution regarding the Sanicula Mineral Spring Water in the June HOMŒOPATHIC PHYSICIAN. Please permit me to say further in this matter that some three months ago I received letters from the well-known pharmacy house of Bœricke & Tafel, of Philadelphia, asking for information about the Sanicula, how to secure the remedy, etc. In my reply I told them what the remedy was and how I had proved and obtained it, making them a proposition to this effect: If they would agree to compile and publish all the non-published matter of Sanicula and publish it in *The Homœopathic Recorder*, which they claim is devoted to introduction of new remedies, I would give them grafts of all the original potencies I have made by my own hand at the time of proving, I having retained them from the 9th to the 100th, so giving them complete control of this "new and highly valuable remedy," an offer which I thought they would gladly accept, but this they declined with thanks, saying, "we cannot use grafts." Now whether the above house is the same that Dr. R. B. Johnstone got Sanicula of, I, of course, do not know. Yet I hope not. Now to prevent any further trouble of this kind, I will say that Sanicula is only a name given to a mineral-water spring by myself. The springs are situated in Ottawa, Ill., and were formerly known as the Ottawa Mineral Springs.

The chemical analysis of the spring may be found in the January *Medical Advance*, of 1885, also in the *I. H. A. Trans.*, page 129, 1887, along with the last report of proving and clinical verifications of great importance. The proving was

made on myself and family, using the water daily for some fifteen months (never, I may say, will such a proving be made again). The potencies I have were made during the winter months, while the river was at its lowest, as the spring is situated on the bank of the river, giving the water in its *strongest* form. (For this, gentlemen, "*Is water, as is water.*") "I thank you, Jew, for that word." (See *Med. Era*, February, 1885. "A needed reform.") I made my potency as follows: Filling a new vial direct from the spring, returning to the office, I poured out most of its contents; to that which remained I added about one hundred drops of distilled water, and after succussing, repeated the above process up to the 100th potency, retaining the intermediate potencies of 9th, 18th, and 30th. Dr. Berridge, of England, wrote me and I sent him grafts of the 9th. This he had Dr. Skinner potentize to the CM on his machine, sending me in return grafts of the 200, 500, 1M, 5M, 10M, 20M, 50M, and CM potencies. Of these I have used mostly the 10M, having placed it among the polychrests of my case, and in my practice find indications for it as common as those of Bell., Bry., or Puls. It saves me a great deal of talking or zigzagging, as our Dr. Lippe used to say.

I have supplied many with grafts, and it gives me great satisfaction to read of its verification. Will at any time furnish grafts to any desiring to use the remedy. I would repeat what I wrote to Messrs. Bœricke & Tafel,—especially as they have said that they could not use grafts—that the proving was made in 1884, and these potencies at the time of proving. Six years have since then passed, and the springs, for all that we know, may have changed their constituency in this time. I should at least not trust a potency made from the present conditions without a new proving.

J. G. GUNDLACH, M. D.,

(Prover of Sanicula Mineral Spring Water)

Spokane Falls, Washington.



## SANICULA.—A CAUTION.

EDITOR HOMŒOPATHIC PHYSICIAN :

I wish it to be particularly understood that my "Caution to Physicians," in regard to Sanicula, which appeared in your June number, was in no wise intended as a reflection on Messrs. Bœricke & Tafel, for I have too much confidence in the integrity and the pharmaceutical ability of those gentlemen to believe that any preparation would be sent from their pharmacy but that which is *bona fide*. My "Caution to Physicians" was a caution against carelessness on *their* part, or neglect to ask for a remedy by its full and proper name.

One would scarcely have supposed that this explanation would become necessary, but my "caution" has been mistaken for a "reflection," and, in justice to Messrs. Bœricke & Tafel, I desire to remove a wrong impression from the minds of any who might entertain it.

Respectfully yours,

DANIEL W. CLAUSEN, M. D.

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## IN MEMORIAM.

DR. FREDERICK EHLMANN.

Another pioneer homœopathic physician has passed away. Dr. Frederick Ehrmann died at his residence, No. 56 West Seventh Street, Cincinnati, on June 7th, 1890, in the eighty-third year of his age. He was the son of Dr. Frederick Ehrmann, a physician of some note in Germany. He was born in the village of Jagthausen, in Würtemberg, Germany, on the 18th of February, 1808.

After receiving his education at the University of Tübingen he came to America in the year 1834.

Being convinced of the superiority of the truths of Homœopathy over the prevailing school of medicine, he attended

lectures at Allentown, Pa., where instruction was first given by Dr. Hering and others in the new school of medicine. He was the eldest of five brothers, who all became successful homœopathic physicians. He was the last to survive.

After graduating, he settled in Carlisle, Pa., where he practiced his profession for seven years.

It was here that he married Miss Sarah Gibson, niece of Chief Justice Gibson, of Pennsylvania, who, after fifty-three years of married life, lives to mourn his loss.

After a short residence in Baltimore, Md., and Buffalo, N. Y., he removed to Cincinnati, in the year 1850, where he resided and practiced his profession until his decease.

He was among the number who founded the American Institute of Homœopathy, having joined that organization in the year 1846.

In latter years he became an active member of the International Hahnemannian Association, attending most of the meetings until prevented by the infirmities of advancing years.

The Doctor's death came rather unexpectedly, although he had been in feeble health during the past winter. A. H. E.

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## EGBERT GUERNSEY, M. D., AND WARD'S ISLAND HOMŒOPATHIC HOSPITAL.

A. McNEIL, M. D., SAN FRANCISCO, CALIFORNIA.

In reading Dr. Guernsey's attempt to carry the hospital which it was his sacred duty to care for into the camp of the allopaths, it struck me to endeavor to find its parallel in American history. All know who have read history with what devotion soldiers will dare and suffer to defend the flag or other trust committed to their hands. All of us who have worn the blue can recall the feeling akin to worship with which we gazed on the old flag, in those days that tried men's souls, and to-day we feel our eyes moisten as on patriotic occasions we see it.

And in the annals of our country I recall two names only of men who were willing to hand over to the enemy the men and

positions that have been confided to their hands, Benedict Arnold and General Twiggs. Was not Ward's Island Homœopathic Hospital committed to his fostering care because he was believed to be a homœopath? And when he ceased to be a homœopath, if he ever was one, that sacred trust was violated by the design on his part of carrying it over to the enemy. What is the difference between Guernsey on one hand and Arnold and Twiggs on the other? I confess I cannot see it with the naked eye.

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### JARRING.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN:—In your item on JARRING, in the July number, page 312, you omitted to mention the following:

Cinchona-off.: Sensation as if head would burst, with sleeplessness, worse from motion *or any jar*; better in a room and when opening the eyes. See Hering's *Condensed Materia Medica*, second edition, page 308.

F. H. LUTZE.

CHESHIRE, N. Y., July 10th, 1890.

[We are much indebted to Dr. Lutze for calling our attention to so important a symptom omitted from our item on Jar-ring.—EDS.]

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### MESSAGE OF SYMPATHY FROM THE I. H. A. TO THE VENERABLE DR. WELLS.

The following is the text of the message of sympathy which the International Hahnemannian Association, at its annual meeting, directed to be telegraphed to Dr. P. P. Wells, who by reason of serious illness was unable to attend the meeting:

WATCH HILL, R. I., June 24th, 1890.

To P. P. Wells, M. D., 158 Clinton Street, Brooklyn, N. Y.

DEAR AND HONORED COLLEAGUE:—The International Hahnemannian Association hears with profound sorrow of your



illness and regrets the loss of your counsel. It desires to convey its deepest sympathy, and hope that the grand art of Hahnemann may afford you both relief of suffering and restoration to health.

JOS. A. BIEGLER, *President*.

*Committee:* { WILLIAM P. WESSELHOEFT,  
CLARENCE W. BUTLER,  
EDWARD RUSHMORE.

A message of similar tenor was telegraphed to Dr. E. A. Ballard, of Chicago, who has been all his life distinguished for his stalwart maintenance of the homœopathic principle and his devotion to the prosperity of the I. H. A.

### BOOK NOTICES.

PHILOSOPHY IN HOMŒOPATHY. By Charles S. Mack, M. D., Professor of Materia Medica and Therapeutics in the Homœopathic Medical College of the University of Michigan, at Ann Arbor. Chicago, 48 Madison Street: Gross & Delbridge, 1890.

This clever little book of 174 pages consists of a series of essays upon Homœopathy as a law of practice. The writer stoutly maintains that Homœopathy is *a law* and not a variable rule of practice. His argument upon this ground is very well sustained and shows that he has thought long and deeply upon the question.

Nevertheless, we regret to have to confess he justifies the use of methods of practice which are not allowable or consistent under the homœopathic law; as, for instance, Quinine in massive doses for the treatment of intermittents; Opium and its alkaloid, Morphine, for the "relief" of pain, and Atropine injected into the eye in cases of iritis to roll up the iris and prevent adhesions. Thus the author, notwithstanding his forcible argument for the application of *the law*, opens wide the door of excuses that will permit the doubting practitioner to exercise his caprices or to gratify his prejudices by the use of methods of practice which we commonly call eclectic or mongrel, and then to screen himself from any consequences or any criticism of his folly by the plea of exercising his judgment or his reason.

Thus the conscientious adherence to a natural law, and deep trust in its efficacy, and the painstaking and relentless search for the simillimum, all may be set aside, and the incompetent physician, conspicuously wanting in these qualities of mind so needful for the successful homœopathist, may sub-

stitute for them the Imperial pride of intellect that sets itself up in disproving "judgment" of the discoveries of transcendent genius, and sets aside as useless a plan of treatment which is really beyond its capacity to understand or to use. He therefore resorts to the well-known measures of the old school, to the damage of his patient and the shame of Homœopathy, while with impudent sophistry he defies the protest of the consistent Hahnemannian.

This permission, if we may call it so, thus given for these outside methods of practice, by reason of their bringing about the results in the foregoing statements, constitute a fault in the book that seriously impairs its usefulness.

Could this fault be eliminated (and it could be without mutilating the plan of the work), it would then be a very valuable means of instruction in the homœopathic principle.

W. M. J.

### PRECAUTIONARY CIRCULARS of The State Board of Health.

These consist of a series of small pamphlets intended for heads of families, containing concise directions for care of the health of the members of families.

The budget before us consists of, "Precautions against Consumption," already noticed in our pages (see May number, page 237); "School Hygiene," giving concise and admirable directions concerning ventilation, heating, hours of study, exercise, wet clothing, cleanliness, water supply, care of eyes, etc. The third of the series is entitled "Precautions against Typhoid Fever," and gives full information for preventing the invasion of typhoid and for checking its spread if it have already gained an entrance. "Precautions against Scarlet Fever," and "Precautions against Contagious and Infectious Diseases" in general are also very important; and, finally, there is a special circular concerning the care of infants. All these instructive publications are inclosed in a neat case and should be in the hands of all heads of families and carefully preserved for future reference. They will be forwarded to any address on receipt of a two-cent stamp, by applying to the Secretary of the State Board of Health,

DR. BENJAMIN LEE,

1532 Pine Street, Philadelphia, Pa.

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### NOTES AND NOTICES.

REMOVALS—Dr. Charles P. Beaman, formerly located in Chicago, where he made a specialty of the treatment of the throat, heart, and lungs, has removed to Chattanooga, Tenn., where he will resume the general practice of medicine. Dr. C. H. Oakes has removed from Northboro' to Dighton, Mass. Dr. Wm. S. Gee, associate editor of *The Medical Advance*, is sojourning for his health at Manitou, Colorado. Dr. Fourness Simmons has removed from 4 Byrne Terrace, Wickham Terrace, to 5 Union Terrace, George Street, Brisbane, Queensland, Australia.

THE  
HOMŒOPATHIC PHYSICIAN,  
A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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Vol. X.

SEPTEMBER, 1890.

No. 9.

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EDITORIALS.

THE TREATMENT OF AFFECTIONS OF THE HEART, particularly in respect of exercise, has undergone decided modifications during the past few years on the part of the allopaths. When a German physician announced that he had found organic heart troubles were materially benefited by prolonged exercise, his ideas were so at variance with the prevailing treatment, which was usually enforced quiet—with drugs, of course—that the allopathic medical world was astounded.

Their usual habit of failing to individualize was the cause of this shock.

By even slight observation he who has had homœopathic training can readily see that exercise, judiciously carried out, is of vast importance in the treatment of this class of affections. Familiarizing himself, as far as possible, with the character of the lesion, he should not hesitate to impress upon the sufferer the necessity of following advice in this direction.

There is much to be done here beside finding the curative medicinal remedy.

Dietetics have a large share in making for the patient's good. Care should be exercised regarding the quantity and the quality of both solid and liquid foods.



Thus, for example, where the tendency is to fatty degeneration, fat-producing food should be avoided.

The taking of liquids, too, should be looked after with care, for it is a fact that an excess of fluid food causes great discomfort. A dry diet is of prime importance. Especially during meals should liquids be avoided, or taken only in sips. At other times but sufficient to supply the requirements of the kidneys should be taken, and what is taken should not be cold. Too much is apt to retard absorption, and this will be followed by distension of the stomach. This, again, interferes with the action of the diaphragm, and thus the heart's action is impeded. With valvular disease of the heart we usually find sluggish digestion, fermentation of food, and the formation of gas. This distending the stomach and pressing on the lungs through the diaphragm causes dyspnœa. Indeed, all the organs of digestion are liable to disturbance in this affection, and it is incumbent upon us to ever bear this in mind.

Congestion of the liver is one of the concomitants in many cases of valvular disease, owing to the condition of the circulation through the lungs, which is secondary to the heart lesion. Venous fullness of all the abdominal viscera usually follows. Hence, even a light error in diet will be followed by the greatest distress.

We are sure that only to mention these facts will be sufficient to impress even the careless observer that they are real, and that they must be given attention.

But a short time ago a case of heart affection came under observation which would have been saved much suffering had the mongrel who was treating the case known of the above facts. The patient was being given two drugs in alternation, one of which, we judged from the odor, was digitalis tincture. The patient had that peculiar sinking and feeling of goneness in the abdomen which is characteristic of digitalis, and was being fed on beef-tea and milk punch, while she was protesting all the while against taking food, for she had no appetite. Notwithstanding this she was blindly following the advice of the mongrel, and was suffering severely as a consequence.

G. H. C.

CHRONIC, OR INTERSTITIAL PNEUMONIA, is defined in one of the latest old-school works as "never a primary affection, but is commonly secondary to croupous and catarrhal pneumonia from failure of resolution. It may also result from hæmorrhagic infarctions and abscess of the lungs, and is sometimes associated with tubercular deposit."

There is no affection which goes more to show the harm of mongrel and old-school treatment than so-called chronic pneumonia. Four words quoted above—"from failure of resolution"—tell nothing of the cause of that failure. To cover the entire ground and read correctly there should be added after "resolution," from too much drugging.

The history of every case of this disease which we have seen, is this: An attack of acute pneumonia. Old-school treatment, or that of a progressive (?) homœopathist. Weeks, and perhaps months, in bed. Months of cough, usually with profuse, fetid expectoration; night-sweats, hectic fever, loss of appetite, emaciation, marked dyspnoea, sleeplessness, and altogether symptoms which lead the patients and their friends to believe that consumption is present. A pitiable condition, indeed—and all due to treatment by crude drugs, and much of them!

Has any Hahnemannian, after treating a case of acute pneumonia, ever seen chronic pneumonia? Some years ago Dr. Lippe answered this question so far as his personal experience went, with a decided no. Dr. Fellger's answer was the same. And this after many years of practice.

In this affection the treatment is the same old story—Quinine and Morphia. Agents which go to suspend absorbent action and to prevent resolution. The exudation will then degenerate and complete cirrhosis follows. Many of these cases cannot be cured by even Hahnemannian Homœopathy. The constitutional condition is so overpowered that death is merely a question of time. In the meantime the patient is passing a miserable existence. And all this is due to treatment. Nature alone and unassisted would do better. It has been shown repeatedly that no treatment is better than drugging. And yet regulars continue to kill, and mongrels still assist them, and at the same time boast of progressive Homœopathy.

G. H. C.

DR. P. P. WELLS.—It affords us pleasure to let Dr. Wells' numerous friends know that he has in a measure recovered from his attack of paralysis, and that he is remarkably well, with the exception of some weakness of the feet.

A recent pleasant visit to him shows his mental vigor as strong as ever, and that his vast knowledge of Hahnemannian Homœopathy carries him along, and continues to make him its strong defender.

The world owes a debt to Dr. Wells, and Hahnemannians everywhere should not forget what is due him for his energetic labors for the good of the cause.

G. H. C.

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DESTROYING THE BACILLUS OF TUBERCLE.—At the International Medical Congress, in Berlin, on August 14th, Dr. Koch, the bacteriologist, read an address on "Bacteriology" in which we find the following: "The new points were some observations on tuberculosis, as observed in the fowl, and on the possible curative treatment of phthisis by drugs. In a series of experiments which he lately conducted, he found that certain bodies, such as volatile oils, and certain metallic salts, such as nitrate of silver, and preparations of gold, even in very small doses (1 in 1,000,000, and even less) destroy the tubercle bacilli in a very short time, and he thus believes that it is not impossible that in the course of time some drug may be found which will effectively destroy the bacillus without injuring the body."

From this are we justified in saying we believe "the world do move"? And yet how slowly even the most advanced members of the allopathic world "do move." What a happy day when, "in the course of time some drug may be found which will effectively destroy the bacillus without injuring the body!" If they could only understand the nature of disease they would not be seeking "some drug," but they would bend their energies toward knowing how better to use what drugs they now possess. Hahnemannian Homœopathy can give them this information. It is free to all in the *Organon*, the *Materia Medica Pura*, and in the works of those faithful followers of Hahnemann, who



have implicitly adhered to his teachings. The line that Koch and his blind followers are clinging to is not in the true path; 'tis the path that leads but to the grave—the allopath.

G. H. C.

## THE IMPORTANCE OF CHOOSING THE INDICATED REMEDY IN THE MINIMUM DOSE.

F. C. HOOD, M. D., MARYSVILLE, CAL.

How sad the environment of many a one in his preceptor's office, and in college, acting in the capacity of a student, seeking a medical education, the best he thinks the school of Homœopathy can afford. Later on in life, he proves by a practical test of the law of Homœopathy that he was reared in a crude atmosphere, educated in a medical college only a few steps in advance of the crude. He begins to practice Homœopathy with crude ideas of how to find the indicated remedy. He is confident he can cure every case he gets, and he solicits patronage in his new field with that inspiring thought, as well as impressing upon the minds of his adherents that he can cure every case, and hence financial success is certain. Alas! in a short time he has a patient who has been treated by every allopathic physician in town without improvement. He finds the indicated remedy and gives it low and fails. Thinking perhaps it was not the right remedy, he gives another and another, tries, tries and tries again, till his patient gives up in despair and he is lost. He is discouraged, his crude ideas have given him bitter disappointment. The high esteem and respect he had for his professors as being men of profound ability is now in doubt. He is left alone to experiment and to put the law of Homœopathy to a practical test. Five years ago I came to Marysville, a malarial district, and to my astonishment I found an army of little children of the allopathic persuasion, pale, sallow, and ghostly in appearance, following the advice of their physicians, namely taking Quinine for breakfast, Fowler's solution for dinner, and Calomel for supper. I visited many families; was informed that everybody kept Quinine on the mantel-piece and

everybody took it. I also inquired of several homœopathic families and they too said everybody takes Quinine because it is the only specific. Homœopathic physicians have to give it to cure their patients as well as the old school.

In a short time I was called twelve miles into the country to visit Mrs. E., who was suffering with intermittent fever. Chill came on at eleven A. M., preceded by severe bone pains, ringing in the ears; wanted to drink often and large quantities; fever high; mild delirium; sweat sticky and very profuse; sallow skin; headache while the fever lasted; very weak after the paroxysm. I gave Chin-sul.<sup>1x</sup>, one powder every hour; called the next day; no change. Take Chin-sul.<sup>1x</sup>. Continued Chin-sul., first, second, and third triturations, for a week. At this time she had a gone, sinking feeling during the chill which came at eleven A. M. as before. Fearing a severe congestive chill I gave Nux-vom.<sup>3x</sup>. Called the next day at eleven A. M. and found her in a congestive chill from which she came very near dying.

This resulted in my discharge from a good homœopathic family and an allopathic physician called, who gave twenty grains of Quinine at a dose until he had suppressed the chills, making her sick all summer from its effect. My first experience with chills was a sad one. Perchance, a few days later, I was talking with Mr. B., who related his sufferings with chills a few years ago, incapacitating him from attending to his business all summer. Finally he called on a homœopathic physician, who gave him a high potency of some remedy which cured in a few days and he has never had a chill since. I said to myself this is the kind of Homœopathy that I am looking for; one such experience as I had just passed through was enough for me. I began to study *Allen on Intermittent Fever*, which is worth ten times its weight in gold to any physician who is living in a malarial district. By studying it four and a half years and putting its teaching to a practical test I have cured over five hundred cases of chills and reaped a rich harvest. I soon learned the importance of giving the indicated remedy in the minimum dose. If I had recorded all of my cases I could now report over five hundred cases cured with a high attenuation of rem-

edies which proved to be the simillimum. Nat-mur. was indicated and cured oftener than any other remedy, of course, high; no man can ever persuade me to give low again for chills. What is true of chills is also true of any other disease. Last fall I had the pleasure of seeing three cases of typhoid malarial fever recover from the administration of Bry., Bapt., China, and Rhus-tox. high, while my allopathic brothers lost all they treated of the same disease. To prove the efficacy of the minimum dose to those who wish to try it and also to establish confidence in the minds of those who first prescribe the high with fear and trembling, as I did when I began practice here, I will report a few cases recorded and from letters I hold of cases treated by mail.

CASE 1.—Miss R., aged seven years, stout and healthy in appearance; had an attack of chills. Mother writes thus: "My girl had a chill at half-past seven A. M. to-day, complained of being tired before chill, which lasted until nine A. M., duration of fever about three hours, which was so severe she was out of her head most of the time. Chill beginning in the back, coldness of the hands and feet, no appetite, bowels constipated, sweat scanty, severe throbbing headache, better when begin to perspire."

I sent Nat-mur.<sup>200</sup>, a powder every two hours. I got a letter the third day stating the chill came at half-past nine A. M., but not so hard. Sent Sac-lac.

The sixth day I received another letter saying Mona had a very light chill; continued Sac-lac. one week, then take one powder Nat-mur.<sup>200</sup>; has had no more chills now for three years. One week later Mr. R. sent his hired man to me for treatment.

CASE 2.—A young man, aged about twenty-two years, had chills four months every other day. "Taking Quinine and having the chills was his best hold." He had very few symptoms other than a proving from Quinine. I prescribed on three symptoms, stomach bloated with belching, bowels constipated, sweat on being covered, and the sweat parboils the skin. I gave him six powders of China<sup>200</sup>, and told him if he would take one powder three times a day until gone he never would have



another chill. Have seen him once and Mr. R. twice since, and both said he never had another chill for three years.

CASE 3.—Rev. W., aged thirty-five years, was taken with a chill at San José, on his way to Conference at Monterey. A homœopathic physician was called in and gave Chin-sul.<sup>1x</sup>, later Nux-vom.<sup>2x</sup>; no change except the doctor got a proving of Nux, and had it not been for his patient's kind forbearance, probably saved an uprising which might have resulted in a cool reception. In three days I received a telegram which read thus: "Mr. W. had a severe chill at half-past twelve M., terrible burning pain in his stomach, with great anguish, high fever, very restless and frequent drinking." I telegraphed take "Ars.<sup>200</sup> every hour for twelve hours." He had no more chills for two weeks, and then the chills returned, caused by taking a midnight repast. Ars. cured promptly, having only two light chills since, now over three years.

CASE 4.—Mr. B., aged thirty years, strong constitution, has been shaking five months, a chill every other day at three P. M., and a good picture of Quinine. Gave Nat-mur.<sup>200</sup>, six powders, one every three hours. The next chill was the hardest he ever had. At ten A. M. two more light chills ended the series and Mr. B. has had no more chills for four years. On investigation I learned that Mr. B. had had his first few chills at ten A. M., and only when he began to take Quinine the time changed. He had such a strong desire for salt he carried it in his pocket, and described his headache during the fever as though there was something thumping against his brain. I prescribed on the original symptoms, and developed the chills very similar to them as they began.

CASE 5.—Mr. H., aged forty years, a full-dosed allopathic patient, sent for me to cure the chills; has been taking Quinine in large doses for four and a half months and chills, all of that time, every twenty-one days, making him so weak he was unable to work in the interval. I found him shaking, the chill began at half-past eleven A. M. His symptoms were another picture of Quinine. I told him if he was willing to stay in bed and have chills for a week I would cure him, and that I could not

do it without making him have a few chills; he said anything to get cured. I traced his case back to the first chills and learned that his chills began at seven A. M., with very severe bone pains and bilious vomiting. Gave Eupat-per.<sup>6x</sup> every hour for two days, then Sac-lac. He had three severe chills and four light chills the next seven days, the eighth chill was only a coldness. He got up and went to work in a few days and has not had a chill since, now four years.

CASE 6.—An old lady consulted me about her grandchild, aged ten years. She was nearly deaf, only could hear when spoken to in a high tone of voice. She had good hearing before she took Quinine for chills.

Before she took Quinine her chills came in the morning—I could not learn the hour. Gave Eupat-per.<sup>6</sup> every hour for two days. The second day after taking the medicine, at 8.30 A. M., she had a severe chill. She had bone pains, pains in her stomach, vomited a bilious matter of a yellowish-green color. She was curled up in bed, very thirsty; high fever followed the chill, continuing about three hours; muttering delirium, very red cheeks, very restless and irritable, severe headache, which lasted all day, sweat scanty. Three more doses of Eupat-per.<sup>6</sup> and Sac-lac. for one week. She had three more chills, each chill coming in the morning about the same hour as the first. She has never had a chill since, and in three weeks after she had the chills she could hear as well as ever.

CASE 7.—Mr. O. writes thus: "My wife (aged twenty-five) had a chill Friday, June 14th, 1889. Severe pains all through her bones, especially ankles, which give out, will not hold her up. Pains in legs, back, side, back of head, and frontal headache, burning pains in back of the eyes, eyelids hot. She cannot keep the eyes closed or open; creeping chills up the back, with some coldness of the extremities. To-day's chill, June 16th, came at half-past seven A. M.; numbness of the hands and feet, chill continued one hour, then fever of three hours' duration. Severe pains in bones during chill, pulse one hundred and twenty, strong and regular. Pulse at half-past eleven A. M. one hundred and forty. Splitting headache, burning pains back of head and

through the eyes, headache so severe she cannot keep quiet in any position; cries a good deal. Faintness, nausea, and vomiting; both sides of her neck very sore and stiff, hurts to move her head. Soreness, pain, and lameness in left side, just under ribs, extending to the right side. Severe pains in the cords of the neck; mouth tastes gluey and sweet, fever sores coming out all around her mouth; urine frequent and of an orange color, burning hot and painful; pain through small of back and kidneys. Face pale and sallow, dark circles around her eyes; not much thirst, drinks once an hour, water has no taste."

I sent *Nat-mur.*<sup>200</sup>, one powder every hour. She got the medicine Monday, June 17th, at half-past eleven A. M.

She had a light paroxysm the next morning and none since, now eight months.

"Folsom, June 22d, Dear Dr.—My wife has not had a chill since Tuesday. She did a big washing yesterday and ironing to-day. She has been dieting regularly on cucumbers and summer squash."

CASE 8.—Mr. M., aged about forty years, consulted me three years ago; said he was suffering with dumb ague every afternoon, at five P. M., he had a coldness, severe pain in his stomach; if he ate supper he was sure to vomit, therefore he abstained from eating his last meal each day. He had a bilious diarrhœa and some fever; said he has been taking Quinine all summer. I gave *Ars.*<sup>3x</sup>, *China*<sup>3x</sup>, *Chin-sul.*<sup>200</sup>, *Puls.*<sup>3x</sup>. *Ars.* relieved the pain in the stomach to a great extent, and there was a diminution of the passages from the bowels. He thought, after trying Homœopathy two weeks with only an amelioration of two symptoms, he would go back to allopathy, which he did in spite of my promises to relieve him in a few days. Last September his wife came into my office and said her husband had been suffering with chills every year since I treated him three years ago; she also stated that they had got disgusted with this locality and they were going East just as soon as her husband is well enough to go. She inquired of me if I could do anything for him, "if so come up soon as you can." In one-half hour I was at his bedside. One glance at his face proved to my mind that he had



been dieting regularly on the three staple meals of allopathy—viz.: Quinine, Fowler's solution, and Calomel. He admitted that he had continued this diet for three years faithfully, and what troubled him most, it did not benefit him any, although recommended by every physician in Marysville he had tried. I recognized the fact that I had a desperate case before me. He was pale, sallow, eyes sunken, face pinched, skin had a grayish tinge, weak, great prostration, flushes of heat and cold, hands and feet cold, chilly on the least exposure, tongue thickly furred with a yellowish coating and very dry, especially at night; severe headache, diarrhœa, twenty-five or thirty stools every twenty-four hours, stools watery and dark-brown color. Anus standing wide open, weak after stool; has had a stool every hour for three weeks.

Gave Phos.<sup>30</sup> in water every hour; next day anus not so relaxed and dilated; continued Phos.<sup>200</sup>. Third day anus closed, and not quite so many stools. On the night of the third day, after taking Phos. at one A. M., he had a severe chill, high fever, frequent drinking, and very restless until morning; sweat scanty. Gave Ars.<sup>200</sup>; two more chills at the same hour, but not so hard. The chill ceased, but the diarrhœa continued without any change; very weak; exhausted by the least movement; burning of anus after stool, an effect of Ars.; did not have burning of anus before taking Ars. I was about to give a higher attenuation of Ars., when he exclaimed: "Doctor, is it not peculiar? when I drink water, I must put some salt in it to make it taste right." I did not give Ars., and went to my office and got Nat-mur.<sup>200</sup>, and gave it every hour in water. In two days the twenty-five or thirty stools a day had decreased to two a day. The fourth day he took a walk, and in a week he went to work. I never saw any one gain as fast as he did under the circumstances. Two weeks after he got to work he began to have bone pains, weak and nauseated. I told him he had not got all the malaria out of his system which had been suppressed by Quinine. Gave him Nat-mur.<sup>200</sup> for two days. The third day he had a chill at six P. M., and a chill every day for a week; second chill at five P. M.; the third and fourth chills

at three P.M. ; fifth, sixth, and seventh chills from twelve M. to one P.M. As the last chills were getting worse, I discontinued Sac-lac. and gave Ars.<sup>200</sup>. The time of the chill and the restlessness, the nausea and burning pain in the stomach were sufficient reasons for interfering with my last prescription (Nat-mur.<sup>200</sup>) and giving Ars.<sup>200</sup>, which cured promptly, my patient having only one more light chill. He began to gain strength rapidly ; now he is a picture of health, very fleshy. He asked me a few days ago if I had some anti-fat. He is an enthusiast on Homœopathy ; says he is well satisfied to live in Marysville now.

CASE 9.—Mr. G., aged about thirty years, came direct from Vermont—a locality where malaria never was known. Two days after arriving here he was taken with a severe chill at ten A.M. Chill runs up and down his back ; icy coldness of hands and feet : headache soon after chill begins, and continues until he has perspired two hours. Sweat profuse. He had what he described as a hammering headache ; high fever continuing six hours. The profuse sweat relieved him of all pains ; very weak after paroxysm. Gave Nat-mur.<sup>200</sup> every two hours in the absence of the paroxysm for two days. One more chill ended his shaking. About two months ago I received a letter from a friend, a homœopathic physician in the East. He said he used the homœopathic remedies very low, and he is very well satisfied with the results. There are indolent Oriental people in this enlightened and civilized age in which we live who use a crooked stick for a plow, and they are satisfied with their mode of farming. Mr. G. received enough of the poison of malaria sleeping on the second floor, above the point where it is said the malarial poison rises. How wonderful—nevertheless true—he received by olfaction enough of the malarial poison to produce two severe chills ! My friend would probably say, how much more wonderful that the two hundredth potency of Nat-mur.<sup>200</sup> cured in two days.

The dynamics of Nat-mur.<sup>200</sup> must have been stronger than the malarial poison, or it would not have cured. I prescribed the two hundredth attenuation in the majority of my cases of chills. I have cured, as I have said, five hundred cases, but a

few remedies higher. I am convinced the highest attenuations would have done better. Every homœopathic physician knows how important it is to thoroughly individualize his cases in order to get the right remedy. Every homœopathic physician should most emphatically know the importance of giving the minimum dose. The mode of giving the indicated remedy in the highest attenuations, and never to repeat as long as there is improvement has cured more chronic cases hitherto considered incurable, and has turned out more enthusiasts on Homœopathy than any other mode. My dear brother, you who are satisfied with the crooked stick for a plow, to continue to live in a crude atmosphere, and to be influenced by your environments of crude dosing, may I hope that some time, amid your discouragements, you may throw aside prejudice and try the high and highest attenuations. After giving them a fair trial, you will be convinced that the high is the longest and deepest acting, and also cures more completely and permanently.

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## VERIFIED PROVINGS OF OXYGEN.

S. SWAN, M. D., NEW YORK.

*First proving.*—Dr. Swan took *Oxygen*<sup>200</sup> (Fincke); date and repetition of dose omitted. Since then has been notably troubled with great flatulence, passing at stool large quantities; the flatus seems to accumulate in rectum; does not generally notice it except from its producing a desire for stool; fears to pass it when not at stool, from an impression that stool will pass.

Great quantity of indurated mucus in nose in all stages of hardness, causing frequent necessity to pick it, and in morning, blowing out of lumps which are generally tough, opaque, whitish-yellow.

*Second proving.*—March 17th, took one dose of 1M (Fincke). Canker sores in mouth and cheeks.

March 19th.—Slight hoarseness and dryness of throat; toward evening the dryness increased round rim of glottis. Took *Acid-lac.*<sup>1m</sup> without benefit; becoming more annoying,



took *Bell.* with partial relief. At midnight woke with choking, burning dryness of glottis and upper larynx. No thirst.

March 20th.—Early in morning took Acid-lac.<sup>10m</sup> and the dryness was entirely relieved, but was followed by great hoarseness and a hard, shaking cough, with considerable expectoration, excited during night by tickling under sternum, upper half, aggravated while lying on either side, relieved while lying on back; the cough was shaking, tearing, with profuse, lumpy, tasteless, whitish expectoration. Sweat all over, and headache between eyes.

March 21st.—Headache in right eyebrow, outer half; pain still in frontal region. Expectoration occasionally—yellow, purulent. Continued perspiration on scalp; loss of smell in a great degree. Aphonia, and difficulty in controlling the voice. Pulse ninety-two.

March 22d.—With dry, hacking cough last night, took *Rumex*<sup>1m</sup> and slept till two A. M. Cough then commenced from the same tickling, low down in supra-sternal fossa, and abundant expectorations, mostly of thick, white, tasteless, hard lumps; the cough caused great soreness in the muscles of the epigastrium. After two hours it ceased, with the exception of an occasional cough. There was perspiration on the scalp and slight moisture over the body.

March 23d.—Woke again at two A. M. and coughed till five A. M.; the same expectoration, white thick-like curds or yellow, creamy, tasteless, mixed with blood; this, however, probably came from the teeth, as they are in the habit of bleeding. There is not so much soreness in the region of the exterior attachment of the diaphragm, perhaps owing to a dose of *Kali-bichrom.* which I took before retiring. Dull headache over frontal region, more intense in a spot over left eye. Pain in left temple, which feels cold to the touch. Occasional cough during the day, with expectoration of white mucus if the cough is not severe, but of thick, white curds or yellow, creamy mucus when the paroxysm is more profound. Continual tickling in supra-sternal fossa. Took *Kali-bichr.*<sup>1m</sup> to-night.

March 24th.—Slept better, and did not cough to wake me till

seven A. M.—coughed and raised a large amount of mucus. During the day single coughs not very often, always with expectoration, sometimes spasmodic, forcing the mucus into posterior nares, and causing hawking and blowing the nose. Having been exposed during evening to sleet and east wind, I coughed considerably on retiring, the cough being particularly distressing, causing a sensation as if the chest would burst at the lower part, with a tearing, sore sensation. It seems as if the interior attachment of the diaphragm would give way. There is a continuous dryness in throat, causing inclination to cough, frequent sneezing, and constant frontal headache, sometimes pressing downward over root of nose.

March 25th.—Rose very unwell from sore feeling in chest and dryness of throat and headache. Sneezes and raises large quantities of transparent, slimy, tasteless mucus; later in morning the expectoration was like white curds. Pain in ball of right eye and little to left of pupil—lancinating, paroxysmal. Occasional rush of pain, filling the whole ball of the right eye and extending to right temple, which then became hot.

March 26th.—Coughed on lying down last night, but did not raise much; in a short time fell asleep and slept till morning. Coughed considerably, not so much from irritation, but from the large quantity of mucus, mostly white and slimy. Some sneezing. Occasional pains in right eye and temple.

April 10th.—The cough, with the above symptoms, continued till now. Expectoration principally in the morning. Cough on lying down at night, caused by the sensation of a clot of mucus in the trachea or near the bifurcation of the bronchia, which, when loosened and raised, relieves the cough.

Eruption of fine stinging rash on right side of scrotum, continuing one day. Eruption of pimples in the fold of the nates, right side near anus becoming very sore, and seemingly like blisters, as the skin rubbed off, leaving it very sore. Takes cold easily; cough aggravated by exposure to the wind whether dry or damp.

April 13th.—Took one dose of 1 M.

During April cough gradually decreased. Desire for stool

resulted only in flatus or small, bad-smelling stool. Itching of the skin on the metacarpal end of first phalanx of left index finger, no redness or eruption.

Painful stricture or tightness under centre of sternum, aggravated by bringing the shoulders forward.

#### CLINICAL VERIFICATIONS.

(1). A. S., aged twenty-one and a half, severe cough from dryness in upper larynx and constant tickling in throat-pit. Cough hard, shaking, causing soreness in epigastric region. Expectoration with every cough—thick, lumpy, tasteless. Took *Oxygen*<sup>1m</sup> at night. Slept well and felt very much better in morning; cough nearly gone. Says it cured more quickly than any remedy he had ever taken, and makes him feel better.

(2). A patient was passing quantities of uric acid like ruby sand. *Oxygen*<sup>cm</sup> (Swan) removed it in three days.

(3). In HOMOEOPATHIC PHYSICIAN, vol. V, p. 403, Dr. Berridge records a case of cough excited by tickling in throat and causing soreness of chest, occurring between two and three A. M., and better when lying on the back; cured by one dose of *Oxygen*<sup>cm</sup> (Swan).

(4). At page 44 of Hering's *Analytical Repertory of Symptoms of the Mind* it is stated that *Oxygen* has periodical symptoms every day earlier, and *Hydrogen* every day later. These provings or cures should be published.

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#### A CLINICAL CASE.

W. A. YINGLING, M. D., NONCHALANTA, KANSAS.

A. J. M., æt. thirty-eight, on February 2d, 1890, at about five P. M. threw a plank to one side, which, striking against a wire fence, bounded back with such force as to drive a large, rusty spike through the left foot, near the arch of the instep, but without passing through the bone, as it glanced to the inside of the foot. His son came to me at eight P. M., same evening, giving symptoms as follows: A few moments after the accident



the patient felt stiffening pains in the foot, running up the leg, rapidly increasing in severity. Great chilliness, with chattering of the teeth soon followed. Lower jaw became somewhat stiff; general shivering; neck felt stiff; great anxiety; "can't endure it much longer." I sent some pellets of *Ledum*<sup>3x</sup>, to be taken internally, and a dram vial of *Calendula*<sup>3x</sup>, one-fourth to be put in a tumbler of water and a cloth wet with this kept on the foot. The report the next day was rapid improvement from the first dose. In thirty-six hours he was walking about, yet the foot felt somewhat tender. Entire and rapid recovery without bad results.

What would the results have been without *Ledum* for the punctured wound? Does effect follow the cause? If the threatened tetanus was the result of the rusty spike, why is not the cure the effect of the homœopathic remedy? Does Homœopathy cure? If not, then effect is not the result of cause, the effect would have taken place "any way."

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## CASES FROM THE PRACTICE OF DR. OSCAR HANSEN, COPENHAGEN.

ALLG. HOM. ZEITUNG 23, '90.

1. E. L., thirty-four years old, single, suffered formerly from ulcer ventriculi and was always anæmic. Ailing for four weeks, she complains of heaviness in head, vertigo, buzzing in ears, hebetude, and sleepiness. Pressure and burning in pit of stomach, with vomiting of flat water, always between meals. Thirst, drinks little and often. Stool soft, the discharge is yellowish-white mixed with mucus, three and four times in twenty-four hours. Copious menses every two weeks. Frequent nocturnal urination, but only a small quantity passed. Urine light-yellow, foaming, clear, and acid; specific gravity 1014, containing five per cent. albumen and cylinders; passes only half a litre in twenty-four hours; œdema of eyelids and around malleoli, mucous membranes pale. Sounds of heart somewhat blowing. Phosphor.<sup>3c</sup>, three drops, three times daily. September

10th (three weeks later).—Bowels normal, œdema gone, no other change. Arsen.<sup>3c</sup>. September 30th.—Headache, vertigo, the pains in the pit of the stomach, the vomiting, and the lassitude all gone. Passes one litre urine in twenty-four hours, and does not get up at night to urinate. Menses after twenty-four days and less copious. Two per cent. albumen in the urine, no cylinders. November 15th.—Urine normal and would be discharged cured.

(The differentiation between Phosphorus and Arsenicum in Bright's disease Buchner has well given in his little work on *Morbus Brightii*, where he clearly shows that Phosphorus is for the venous circulation (right heart) what Arsenicum is for the arterial circulation (left heart). The patient had suffered from ulcer pepticum, an affection not rare in chlorotic women, and both remedies may be indicated for that ulcer, but while we find in Phosphorus pressure in stomach after eating, with *immediate* vomiting of food (she vomited between meals) or even after a swallow of water, with frequent fainting, cold extremities, etc., we read of Arsenicum: Gaggings, nausea, and vomiting, mostly after two hours, even from the lightest kind of food; stomach tender to the slightest touch; frequent vomiting, with fear of death. In morbus Brightii Phosphorus is more suitable to chronic cases with their degenerative character, while Arsenic suits more primary cases with puffiness of eyes and swelling of feet with exhausting diarrhœa and cardiac dyspnœa. Arsenic is also the remedy for menorrhagic chlorosis, while the tubercular (psoric) diathesis prevails in Phosphorus, which was here not indicated, while Arsenicum covered every indication.)

2. A Case of Chorea. L. M., twelve years old, the son of a laborer, enjoyed good health, when two months ago he was attacked with chorea. Involuntary twitchings and motions over the whole body, restless in daytime and easily frightened at night, when he twitches in his face. His motions are awkward, especially when dressing or undressing; speech unintelligible. Looks pale, though his appetite is good. February 10th.—Cuprum-met.<sup>6c</sup> five drops, three times daily. February 21st.—No change. March 2d.—Worse all over; twitchings, followed

by great lassitude: loss of memory, idiotic features, must be fed. Stramonium<sup>3c</sup> three times daily. March 21st.—Great improvement, is able to feed himself, speaks distinctly, and is more lively. April 25th.—All choreic symptoms gone, and as a constitutional improver he took now Calcarea-phos.<sup>30c</sup> three drops, morning and evening, and about the middle of May he was discharged.

Krewssler, forty years ago, in a condensed little book on homœopathic treatment, considers Stramonium nearly the chief remedy for chorea, as it is apt to cause extreme mobility of the limbs; it has been known for years past that the vapors of Stramonium cause chorea. Of nearly equal importance he considers Hyoscyamus and Veratrum-album. We feel sorry that Hansen fails to record where the chorea began and what was the emotional or somatic (helminthiasis) cause of it. It is well known of Cuprum that its spasms are apt to begin in the fingers and toes and then spread all over the body, with excessive dyspnœa and threatening suffocatory attacks, hence the livor, followed by collapse. Under Stramonium, the fool's remedy, all movements are characterized by great violence, and finally may lead to idiocy; the harder the case from the start the more Stramonium is indicated, though the late Hempel, as usual recommends for such severe cases his beloved Aconitum napellus, while we rather think of Veratrum-viride in chorea magna, where the spasms keep up all night with nearly the same intensity. We have done well in such severe cases with Laurocerasus or Tarentula-hispanica, but where the duration of the disease tends to mental degradation, we would certainly have more confidence in Stramonium than in any other remedy. The cause of chorea is often hard to detect, we know only its effects, and the peculiar symptoms are often hard to find out. It racks terribly the whole nervous system, and constitutional antipsoric treatment may be necessary from the start, and is certainly indicated, to restore the equilibrium when the storm has passed away.

3. D. B., twenty-three years old, single, passed through scarlatina when a child and is now complaining for the last three months. Before her menses and on the first day of the flow



severe pressing and lancinating pains in the left groin. Her diarrhœa is worst in the morning, frequently with œdema of the upper eyelids. Urine normal, appetite and sleep good. *Apis-mellifica*<sup>3d</sup>, five drops four times daily, removed the diarrhœa and the dysmenorrhœa.

Though *Apis* acts more on the right ovary, we see it here acting equally well in left ovarian neuralgia; in fact, we meet among its symptoms cutting in left then in right ovary, paroxysmal, extending into thigh, worse while stretching. Hansen fails to tell us the character of the menstrual discharge, nor does he say anything about the character of the stools. It is a pity that reporters of cases fail so often to give us the peculiarities of a case, in that it might be used as a verification. At any rate, it verifies the morning diarrhœa, and as there is nothing said about pain, we may consider it a painless one, probably the intestinal muscles felt weakened by the ovarian pains preceding the flow for a week. Even that adjective "mornings" ought to be more specified, whether in bed or after rising, profuse or scanty.

4. A child of thirteen months had whooping-cough seven months ago, during which the present state developed, for which she was treated at the hospital without relief. March 2d, Hansen found: After a strong piping scream during the inspiration, breathing stops suddenly. The child turns pale in the face, cyanosis of the upper lips and nose, twitching of the extremities alternating with stiffness; cold sweat on the scalp, vomiting of mucus after the attack, which lasts three or four minutes and happens five or six times during the day, never at night. No other abnormality could be detected. *Cuprum-met.*<sup>6c</sup>, three times daily, for the last two weeks, diminished the number of the attacks, but that was all. On account of the strong piping or whistling inspiration *Iodium*<sup>2c</sup>, three drops three times daily, was prescribed, with partial benefit. April 10th.—Bronchitis set in, relieved by *Aconite*, *Bryonia*, and *Phosphorus*, and then on May 3d *Iodium* was again given and the attack gradually disappeared. *Calcarea-phosphorica* was then given for the troubles of dentition with copious perspiration of the head. It passed well through the summer and now leaves nothing to be desired.

The Halogens always will remain our stand-by in the treatment of laryngismus stridulus, but they have inspiration unimpeded and natural, expiration nearly impossible; on account of the whooping-cough my choice would have been Mephites, which has inspiration difficult and expiration also with cyanosis. Was the child psoric, scrofulous, and rachitic? for only thus can we explain the favorable action of Iodium.

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## HERMAPHRODITISM COMPLICATED WITH EX-TROPHY OF THE BLADDER.

RITA DUNLEVY, M. D., NEW YORK.

(Bureau of Surgery, I. H. A.)

Mary H., for so this child was named, was born in Brooklyn, N. Y., in 1873.

When examined the child was found well developed above and below the pelvis, but peculiarly deformed about the pubic region. It was evident that nature had intended to create a man, but for some unknown cause she failed to develop the type of either sex.

The navel and the pubic bones were wanting.

From either groin a sac-like mass grew and hung fully two-thirds the length of the thighs.

At about one-half their length these two sacs coalesced.

Into the upper quadrant of these sacs a portion of the intestine descended, while the lower segment was filled with testicle tissue.

At the angle formed by the junction of these hernial testicle sacs was a mass of erectile tissue about one and a half by two and a half inches, evidently a rudimentary penis.

At times this would erect several inches.

Above this erectile mass was a red mucous surface, the inner coat of the bladder.

From four openings in this bladder the urine dribbled constantly.

In 1881 the case was operated on by Dr. Wm. Tod Helmuth.

He tried by plastic surgery to cover over the bladder, but only succeeded in closing two of the openings.

Later, Dr. Helmuth removed one of the testicle masses and did several other operations with small success.

In May, 1889, the case came before the students of the New York Medical College and Hospital for Women, and was examined, under ether, by Professor Edmund Carleton, M. D.

The following day, in the presence of several members of the profession interested in the case, the faculty, and the students, Professor Carleton operated.

First he removed the remaining testicle from the right sac. Then he denuded the edges of the tissue at upper angle of the bladder and brought the raw surfaces together with several sutures, two of which were hare-lip sutures, the others simple interrupted stitches.

In ten days, when sutures were removed, quite an angle of the opening was found closed in.

On June 16th, again in the presence of members of the profession, faculty, and the students, Professor Carleton operated a second time on the patient.

He removed the mass of erectile tissue, or rudimentary penis, by means of a strong *écraseur*. There was no hemorrhage following its removal.

Then he denuded the surface above the bladder corresponding to the pubic region, brought the pendant flap of the hernial sacs up over the bladder, and united the two surfaces with twenty-five interrupted silk sutures.

An ivory drainage-tube, devised for the patient by Dr. Wm. Krause, was fitted in the lower left quadrant of the hernial sacs. This to conduct off the urine. The patient was placed in bed in a semi-lateral position, to favor the escape of the urine through the tube.

The remaining portion of the sac was kept constantly supported to prevent the hernia from making traction on the stitches. To guard against bed-sores and give the patient relief, the position had to be changed from time to time.

This rendered it impossible to prevent an escape of urine through and over some of the stitches.



On removal of sutures the parts were found nicely united, except several central sutures.

Their union was prevented by the action of the urine.

June 29th.—Healthy granulation had taken place on the raw edges that failed to unite. This Professor Carleton furthered by skin-grafting.

Meanwhile the patient was fed on the most nourishing diet.

The wound was washed very frequently with calendulated water and kept anointed with calendulated vaseline.

For the first three days the temperature rose to 102° F., then fell to normal and there remained.

As a result of the operation the sac was so reduced in size that the patient could walk, stand, or sit with comfort.

Sensations of a sensual nature, which troubled the patient greatly, ceased entirely.

The great sensitiveness of the parts was removed, and the bladder was well concealed.

July 27th.—The patient was dismissed greatly improved, both mentally and physically, and was delighted with the success of the operation and with the surgeon who had given such relief.

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## A FUNNY SYMPTOM, SULPHUR 55M.

M. A. A. WOLFF, M. D., GAINESVILLE, TEX.

At present an invalid in Pius Hospital, St. Louis, Mo. I am sixty-two years old. On May 19th, Professor Dr. Parsons, renowned for his skill as a surgeon, performed lithotomy (low) on my person. After about five weeks the wound was well healed and I was permitted to sit up. As long as the doctor visited me I followed strictly his orders, only occasionally making an extra prescription on my own hook, but with his approval.

On July 7th, he left for a summer vacation and appointed a young practitioner his amanuensis. I was then, and am yet under the impression that there were two symptoms he especially ordered him to watch for, the one the immense dropsy of

the lower limbs, the other a bulging out of the abdomen on the left side about opposite the wound of incision, and a hardness under the swelling, in my opinion as of a scar, but said to be a steatoma. But besides these two there were plenty other symptoms which I shall enumerate as far as I can remember them. Recto-vesical fistula. Diarrhœa four to five times in twenty-four hours, of a fearful odor, and driven partly through the urethra. A protrusion from anus which I then took for prolapsus recti, but which the young doctor declares to be a pile, giving me great trouble in sitting down and after having been sitting comfortably even more unpleasantness when getting up. Incontinence of urine, which, however, only dribbles away. On and off a clogging-up sensation in urethra, deep, by mucus. The sediment is thick and stringy and even often comes out in stringy pieces from the urethra. Abundance of snow-white phosphates, once in a while even a little calculus, which has not been dissolved in the bladder, but which crumbles to flour between the fingers. A steady unpleasant coldness of scrotum. Many a time frothy discharge from urethra, caused by gas passing through the fistula. Very much flatulency ; on and after passing of blood coagula and examining the sediment find it blood-streaked. Much gurgling in abdomen as of water. Lastly, the funny symptom. When lying down always on back to sleep, I might just doze a little when I at once waken up make flatus sounds with the lips, splatter spittle and the tongue moves with rapidity in all directions.

To give an idea of its effect on other people, I shall state that one evening late, when I was under its influence, two of the sisters came scared to my room to find out what was the matter, and tell me that it disturbed the other patients on the floor. I can only compare it with the St. Vitus' dance of the oral and lingual muscles, with this difference, however, that the sufferer from St. Vitus' dance cannot control himself whilst in my own case opening the mouth wide and inhaling plenty of air stops the symptoms. Now the young doctor visited me every second or third day and prescribed, I understand, for the most prominent symptom, one time ordering me to take the medicine, always

drops in water, every hour, next time every two hours and one every three hours. I kept a very exact sick record, which I gave him to read every time, hoping he would look out for the totality of symptoms. Thus time passed on with no, or hardly any change until July 18th, when Dr. W. L. Reed made a friendly call and kindly brought repertories and materia medicas to enable me to study my case up myself. However, after having talked it over he came to the conclusion that the simillimum would be Sulphur, and he dropped a few pellets on my tongue of the 55 M. From that moment the most astonishing change commenced. The urine got clear. I was able to pass it in a good stream, the feces natural, and thus not driven into the urethra, the dropsy diminished; the funny symptom disappeared; so that my only distress now is the pile, the fistula became improved and now the dropsy looks as if it would be all gone in a very few days. From the 18th to the 28th no other medicine was taken. On the 27th some fever and unpleasantness, which, however, was better after a hot bath, which seemed to open the urinary track. The doctor thought we might be warranted in taking another dose. This time the CM was given. This was yesterday, and I am under the impression that it has done me good. My study of the case, which lasted me three days (certainly only part of the day taken up for that purpose), gave the issue. Of about one hundred and twenty medicines indicated for several symptoms, Sulphur had the largest, viz. : twenty-one, of which five were in capitals, two in italics, not one of the others reaching the numbers twenty-one or five. I had all the time been lying on the back, now I can lie just as comfortable on either side. Thus far to date, should anything remarkable supervene you shall receive notice.

P. S.—I forgot to mention that urine at times comes gushing from anus, and—and that is important—that the bulging toward left groin is gone and to my feeling, the hardness greatly diminished (since I took the Sulphur).



## PROCEEDINGS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

114 WEST SIXTEENTH STREET,  
NEW YORK, July 22d, 1890.

TO THE EDITORS OF THE HOMŒOPATHIC PHYSICIAN :—  
Referring to the publication of the Proceedings of the International Hahnemannian Association, every member ought surely to have a copy just as soon as possible to get them into print. They would also conserve the highest possible use. The members cannot have the Proceedings too soon to study and be enriched and blessed by them. Notwithstanding the earnest and indefatigable way in which the sessions of the Association were conducted, probably less than half of the papers were read. And we want the whole of this rich treasury before us as soon as may be. And to insure accuracy we ought to have the Proceedings published under the ægis of the Society. It really seems all wrong to let any of these valuable papers pass from the possession of the Society until they are published intact, with the discussions that followed. Those of the members who were not present may thus obtain some faint perception of the rich *aura* of the meeting that blessed those who were at Watch Hill.

This waiting nearly a year is all wrong. I only obtained a copy of last year's transactions a few days before the last meeting, and then only after I had made special application to the Secretary.

Pray let us have the transactions of 1890 as soon as they can be published.

J. W. THOMSON.

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### THERAPEUTICS OF THROAT.

E. B. NASH, M. D., CORTLAND, N. Y.

In June, 1887, through the pages of THE HOMŒOPATHIC PHYSICIAN, I proposed a work on therapeutics of the throat, said work to be prepared by members of the I. H. A.

The proposition met with a very kindly reception, and the

work is slowly but surely progressing. The chief reason of the delay is that a few competent men whom we are very anxious to have represented, have not yet performed their *promised* work.

Of course, the time of the busy practitioner is not his own always, and, consequently, those who would, have not been able to perform for want of time. So we blame no one.

Again, some, like our lamented Lippe, have been called from their labors to rest. Others still, like Drs. Ballard and Carlton, have been disabled by sickness.

I thought I would "rush" into print once more and let the members know the condition of the work at the present.

The following remedies have been worked and published in Vols. VII, VIII of THE HOMŒOPATHIC PHYSICIAN :

Phytolacca, E. B. Nash.

Belladonna, W. S. Gee.

Æsculus-hip., } J. V. Allen.  
Ailanthus, }

Ignatia, G. H. Clark.

Cistus-can., E. J. Lee.

Dioscorea, } J. G. Bell.  
Indium, }

Arum-tri., W. J. Guernsey.

Baptisia, G. W. Sherbino.

Carb-an., } Ed. Cranch.  
Carb-veg., }

Baptisia, G. W. Sherbino.

Rhus-tox., C. E. Chase.

Sepia, B. L. B. Baylies.

Those that are worked and in my possession, not yet having appeared in print, are

Lachesis, C. C. Smith.

Merc-viv., }  
Merc-sul., } C. H. Allen.  
Merc-prot., }  
Merc-bin., }  
Merc-cyan., }

Causticum, T. D. Stowe.

Alumina, M. Preston.

Conium, Hoopes.

Kreosote, Alice B. Campbell.

Staph., L. R. Thurston.

Bryon., W. H. Baker.

Mag-carb., J. B. G. Custis.

Nat-mur., }  
Nat-ars., } G. W. Sherbino.  
Nat-phos., }

Petrol., J. Schmidt.

Sulph., J. T. Kent.

Arg-met., } E. Rushmore.  
Arg-nit., }

Sabad., } C. F. Nichols.  
Iod., }

Ferr-phos., }

Lycop., P. P. Wells.

Pulsat., J. A. Biegler.  
 Apis, Wm. Wesselhœft.  
 Nux-v., D. C. McLaren.  
 Silicea, J. C. Roberts.  
 Acet-acid., J. T. Kent.  
 Anac., Nathan Cash.

Gelsem., A. McNeil.  
 Baryta-c., G. W. Sherbino.  
 Lac-can., E. M. Santee.  
 Ammon-carb., Ammon-mur.,  
 Walter M. James.

Here are fifty remedies already worked.

Those unworked but still promised are :

Aconite, E. J. Lee.  
 \*The Arsenicums,  
                                 E. H. Ballard.  
 The Calcareas, the Powells.  
 The Kalis, C. W. Butler.  
 Phos., Wm. J. Guernsey.

Cantharis, C. C. Smith.  
 Capsicum, E. W. Sawyer.  
 Dulc., A. McNeil.  
 Nit-acid., E. P. Hussey.  
 Psorin, W. A. Hawley.  
 Sul-acid., W. H. Leonard.

Unless some one will volunteer to help out Dr. Ballard, I shall try to do the Arsenicums myself.

I hope to hear very soon from every one of the rest of the names in this list, and please let us know if the I. H. A. may yet depend on you for your part of this work.

There are a few other remedies that ought to come out, viz.:

Syphilinum,	Hepar-sul.,	Medorrhinum,
Guai.,	Spongia,	Hydrastis,
Mezer.,	Wyethia,	Mur-ac.
Hydrophobinum,		

Who will volunteer to arrange these?

When these remedies all worked come in, it is my purpose to notify each member to cast his vote as to how and where all the remedies shall be published, each member being entitled to one vote for each remedy he has worked. Now, on the "home-stretch," let every man push, or else "pull out" of the work and give some one else his place.

My own idea is that these remedies should be published as an

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\* Dr. Ballard notified me that on account of ill-health he would be unable to finish his work, much as he would like to.



appendix to some journal and then the Reportory arranged afterward, but this is for the members of the I. H. A. to decide.

The remedies, as may be seen by the published ones in *THE HOMŒOPATHIC PHYSICIAN*, are not all worked according to the plan which I recommended in my arrangement of *Phytolacca*. Indeed, others have improved upon it, but I would suggest to let every one's work go in as he prepared and signed his name to it, and a Reportory can be arranged from it in that way just as well.

In conclusion, if I have left out any one, or any remedies, or have made any omissions or mistakes which need corrections, remember corrections or suggestions are always in order.

## DR. PRESTON'S CASE IN THE AUGUST NUMBER.

### EDITORS *HOMŒOPATHIC PHYSICIAN*:

In last number of your welcome journal an excellent report appeared from the pen of our skilful friend named above, closing with this question: "Have I a right justly to claim that a radical cure has been made?"

After reading the report carefully I would say, No.

From his description I infer that the disease was of the chancre variety, and while it is questioned by some eminent men whether that form of the disease will produce the full constitutional effect, I have no doubt that this patient ingrafted into his system one of those three great serious miasms.

The subsequent outbreaks of the disease, especially the last two, surely could not have come from a local transfer of the virus, hence we have undoubted evidence that there was a marked constitutional invasion, nor do I believe the Doctor is warranted in saying that his patient is radically free until several years have elapsed, at least three, or he has carried him through some critical illness in which the constitutional miasms within him would be aroused, and no manifestations of the disease appeared. His patient may be free—I hope he is—but I do not think professionally that it is warrantable to declare it a radical cure with the removal of the miasm, but rather that it is

probable that the miasm has been quieted by the removal of its manifestations. Time alone will answer it positively. The Doctor is to be much complimented on his skilful management of the case.

Let me ask the Doctor a question : Do you think you ever wholly removed a miasm? If so, how long in doing it?

W. S. GEE.

## ANOTHER CRITICISM OF DR. PRESTON'S CASE.

EDITORS HOMŒOPATHIC PHYSICIAN :

I desire to criticise the diagnosis of the case reported by Dr. Mahlon Preston, as a case of syphilis, in the August, 1890, number of THE HOMŒOPATHIC PHYSICIAN.

I think it will be evident to every well-informed man, from the Doctor's own description of his case, that it was one of simple local non-infective venereal sore or *chancreoid*, and that there is no evidence of anything of a true syphilitic nature about it.

This is very plain from two prominent facts which he mentions, if from nothing else about the case.

*First.* He says, "My earliest knowledge of the present case dates to within ten days of first exposure." Now we know that the primary lesion of syphilis does not make its appearance till the third to fifth week after exposure, while that of a soft chancre or venereal ulcer may appear in forty-eight hours.

*Second.* He says there were "three large and deep chancres. \* \* \* These ulcers were eroding rapidly on the edges," etc. This is surely not the picture of the primary lesion of syphilis which we know to be a *single* indurated chancre.

From the above I think it is but fair to answer his query, "Have I a right justly to claim that a radical cure has been made," in the negative, so far as its being a case of syphilis which was cured is concerned.

Respectfully,

CLARENCE N. PAYNE.

BRIDGEPORT, Ct., August 7th, 1890.

## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

### RANUNCULACEÆ (CONTINUED).

*Aconitum Napellus* (Monkshood, Wolfsbane).—In England this plant is rare in a *wild* state, and is generally believed to be introduced. It is now completely naturalized and included in works on English botany; as a garden plant, it is one of the commonest, and its tall, showy spikes of dark-blue flowers, surmounting the dark, deeply-cut leaves, are worthy of a place anywhere.

This famous remedy, appropriately named “the homœopathic lancet,” on account of its power in reducing fever without taking blood, as in the old school (thanks to Homœopathy, this pernicious practice is seldom heard of now), has probably done more in saving life than any other drug, as tens of thousands can testify: it stands, *par excellence*, at the head of the long list of drugs introduced to the world through the genius of Hahnemann.

Its active principle, *Aconitine*, or now more generally called *Aconitia*, is one of, if not the most deathly preparation known to man; a very small portion of it causes death, and there is no known antidote. It seems to me that the more deathly a drug is in its action as a poison, the greater are its virtues, and the more powerful is it in the saving of life, when given according to the homœopathic “law of cure.” Instance such invaluable medicines as *Aconitum*, *Arsenicum*, *Belladonna*, *Conium*, *Digitalis*, *Nux-vomica*, *Phosphorus*, *Veratrum*, etc.

Since the report of a celebrated case of poisoning by *Aconitia*, a large number of people have been very much afraid of using any preparation called by the name of Aconite, and it should be explained that, in Homœopathy, we do not officially use *Aconitia* at all, being far too dangerous and also not in accordance with the teaching of the system which advocates the



use of every part of a plant, or of some special part, and not the poisonous or active part principle only, unless that alone has been proved. The preparation used in Homœopathy is a tincture made from the whole plant, or from the root only, and in either case contains but a small proportion of Aconitia. This  $\phi$ , or matrix tincture, is seldom given, but only dilutions made from it, of various strengths, such as 1 dec., 2 dec., 3 dec., and so on, so that one may give the tenth, one-hundredth, or one-thousandth of a drop or less, and, strange as it may appear to those unacquainted with the system, the smaller dose will generally act better than the larger one, as it must not be forgotten that *the medicine, to be homœopathic, must be capable of producing in a healthy body a fac simile of the symptoms produced by the disease.* Aconite, in small doses, is a most potent remedy against the *dry heat, flushed face, and restlessness of fever.* Any one, with a few drops of this medicine, can *prove* the truth of the homœopathic law. Let him or her, being a good and sound sleeper, take, on going to bed, a drop or two of the tincture of Aconite. The result will be a more or less sleepless night, *restless, and tossing about, heat, etc.*; on the other hand, let them be sleeping badly from *other causes, with this restlessness, heat, and tossing about,* a drop or two of the same tincture, in almost any dilution, will remove all these sensations, and the person will sleep soundly from *natural causes, the thing that prevented healthy sleep having been removed in accordance with the homœopathic law of similars.* This is precisely the action of *every* medicine, but before a medicine can be used homœopathically, its symptoms must be known. It *must* be proved on the healthy to know its symptoms or sphere of action.

Aconite has, perhaps, made more converts to Homœopathy than any other drug, because its effect, in fever, is so marked. A case came under my care, some time ago, of a child suffering from congestion, bordering on inflammation, of the lung, with *incessant, dry cough, great restlessness, flushed face, high temperature, skin dry, burning*; it had had *no sleep* for a day and a night, and could not be laid down for a moment; one dose of Aconite allayed the cough and fever, and within five minutes

the child was lying asleep in its cot, and slept for some hours during the night. The fever was subdued, and it eventually made a good recovery. After such facts as these, which come under the notice of thousands, is it a wonder that Homœopathy increases? The only wonder is that it does not increase faster. Hundreds of cases, supposed to be cured by the allopathic doctor, are, in reality, cured by a few doses of homœopathic medicine, given by the parents, and often after the doctor has pronounced the case to be hopeless. Very little notice was taken of this drug as a medicine, until after its introduction by Hahnemann, and, until recently, it was only used as an external remedy in various kinds of neuralgic and rheumatic pains. Many cases are related of its employment, allopathically, in chronic rheumatism, where this disease, though of years' duration, and having withstood the use of other powerful medicines, such as Mercury, Opium, Antimony, Conium, etc., was, in a short time, cured by Aconite. The reason of this is plain. Aconite on the *healthy*, produces, amongst other things, "pains as from a bruise, weakness and swelling of the arms and shoulders, heaviness, numbness of the fingers, paralytic weakness of the arm and hand, a sensation of drawing in the arms, deadness of hands, hot hands and cold feet, tingling in the fingers, similar pains in the legs, pains which force one to cry out at every step, want of strength and of stability in the joints of the hip and of the knee, stiffness of the legs on moving, pains in the insteps, with despair and fear of death, numbness of the legs, heaviness of the feet, pains, as if bruised, in the neck, back, and loins, and painful stiffness in the nape of the neck. It also produced dry, burning skin, yellowish color of the skin, spots similar to flea-bites on the hands and body (it is one of the first remedies in measles, purpura, etc.), sleeplessness from anxiety, with constant agitation and tossing, starting in sleep, anxious dreams, nightmare, dreams with a sort of clairvoyance (this last symptom seems peculiar to the Ranunculaceæ), dry, burning heat, with extreme thirst, sometimes preceded by shiverings and tremblings; heat chiefly in the head and face, with redness of the cheeks, shuddering over the entire body; shivering, if uncov-

ered in the least, while the heat exists, great agitation and tossing of the body; with anguish, inconsolable irritability, cries, tears, groans, complaints and reproaches, fearful anticipations of approaching death, and a strong disposition to be angry, to be frightened, and to quarrel, the least noise, even music, appears insupportable; delirium," etc. For the remainder of the mental symptoms, and also for its effects on other parts of the body, see the proving in Jahr's *Materia Medica*.

Unfortunately a great deal of the Aconite in the market is not the true *Aconitum Napellus*, from which the proving was made, and which is the only one that should be used. There are a large number of Aconites found wild in Europe, with totally different medicinal principles, and with different-shaped and colored flowers, and flowering at different times, and as most of the Aconite used is the imported root, and as many of the roots are alike in general appearance, and are collected by persons totally ignorant of botany or of the botanical character of *Aconitum Napellus*, we have no guarantee that we have the true variety. Consequently, unless we can see the flower and know also the time of flowering (the *A. Napellus* flowers about May or June), the only way to obtain the genuine variety is to grow it.

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## THE PROVINGS OF NATRUM MURIATICUM.

A. McNEIL, M. D., SAN FRANCISCO, CAL.

On page 257, vol. X, of *THE HOMOEOPATHIC PHYSICIAN* are the following words, written by me: "Dr. Watzke, of Vienna, undertook to prove this drug (*Natrum muriaticum*), and, in spite of his pre-conceived opinions, was compelled to acknowledge that not till he went up to the high potencies could he produce symptoms in the healthy of any value." (I quote from memory).

I afterward received a letter from Dr. Richard Hughes, of Brighton, England, referring me to an article of his in the *Hahnemannian Monthly* for December, 1889, and very courteously intimating that my statement at the beginning of this



article conveyed a false impression which his paper made clear. I am always willing to make amends when I have done any one an injustice. And in order that all may see whether or not I erred, I place Dr. Watzke's statement on the question, as translated by Carrol Dunham in vol. II, "Transactions of the New York Homœopathic Society," and which is also quoted by Dr. Hughes in the above-mentioned article, in juxtaposition with the Doctor's statement.

Dr. Watzke says :

"I am alas! I say alas! for I would much rather have upheld the larger doses, which accord with current views: I am compelled to declare myself for the higher dilutions. The physiological experiments made with *Natrum muriaticum*, as well as the great majority of the clinical results obtained therewith speak decidedly and distinctly for those preparations."

Dr. Hughes says, *loc. cit.*, page 772 of the Austrian reproving of *Natrum muriaticum*: "No pains were spared to test the drug in every form from the 30th dilution down to the crude salt."

Dr. Hughes says:

"The general account to be given of them (the Austrian reproving of *Nat-mur.*), is that under the higher potencies there was little genuine disturbance of health; that the activity of the drug as the provers went lower showed itself greater when the first triturations and small doses of the crude substance were being taken. There are exceptions of course to this statement, but I think you will find that they are exceptions, and that what I have said is the rule."

Dr. Hughes says, page 773: "It may be a question what he (Watzke) means by the 'higher' dilutions. Nowadays we think of the 30th and upwards when we thus speak, but it was not so in 1848."

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## HELP WANTED AND RECEIVED.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN:—My call for *help* in the June number of your journal, page 286, has elicited very many gratifying responses—indeed, from the Pacific to the Atlantic, from England, from Germany even, help in time of need has been freely tendered in the suggestions of Dr. Geo. H. Clark, of Philadelphia; Prof. A. McNeil, of San Francisco, and Dr. E. W. Berridge, of London, England. I gave the case, on June 28th, a dose of *Lac-can.*<sup>50m</sup> dry on tongue, with the pleasing result that, in twenty-four hours, the child became

more lively and playful, all abnormal sensations have disappeared, and this day (July 20th) appears well in every respect.

The following gentlemen also have furnished most valuable advice: Dr. Alex. Villers, Dresden, Germany; Dr. J. T. Martin, Woodland, California; Dr. E. H. Holbrook, Baltimore, Md.; Dr. H. M. Kearney, De Soto, Mo.

To each and every one allow me, through your valuable pages, to tender my most sincere and heartfelt thanks.

Fraternally,

SUMMERLAND, CAL.

EDWARD T. BALCH, M. D.

## A CARBOLIC ACID PROVING.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN:

\* \* \* \* \*

I must tell you an experience I had with Carbolic acid about a year ago.

About half-past ten o'clock on the morning of August 7th, 1889, I was washing a Carbolic-acid bottle, and, through an accident, got some on the index finger of my left hand, over the second joint.

I went to the hydrant, turned on the water, and washed it off, as I supposed. In a minute or two I felt my finger getting numb. This numbness extended up the arm into the shoulder. Soon afterward my left leg got quite numb, so that I had some difficulty in walking. My arm felt as if deprived of all power, and I had to move it with the right hand. This numbness lasted all day until I retired at eleven o'clock P. M.

I slept well all night, and felt no inconvenience next day. But the peculiar thing about the case is that every seven days for three weeks I had a similar attack of numbness, commencing at the same time of day and lasting all day until I retired at night.

I have not tried the experiment since that time.

Believing this partial proving of Carbolic acid may be useful

to some members of the profession, I communicate the facts to you.

C. M. SELFRIDGE, M. D.

PORT TOWNSEND, STATE OF WASHINGTON,

July 28th, 1890.

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### A PROVING OF LACHESIS<sup>200</sup>.

S. MILLS FOWLER, M. D., GAINESVILLE, TEXAS.

While a resident of St. Augustine, Florida, in 1888, I was called, November 24th, at about half-past ten A. M., to see Mrs. B. She was suffering from a left-sided sore throat, for which I gave her Lachesis<sup>200</sup>, one dose, dissolved in about two spoonfuls of water, followed with placebo every two hours.

I was called again about half-past eight the next morning. The sore throat had all disappeared, but she had been suffering for hours "*with terrible pains in her shin bones.*"

November 26th, during my call, Mrs. B. said: "Doctor, didn't that medicine you gave me Saturday have something to do with those terrible pains in my legs? I never had anything like it before in my life."

Hering gives as a characteristic of Lachesis, "Much pain of an aching kind in the shin bones only."

I have, three different times since the above observation, verified this symptom clinically, and have come to regard it as "*the red string*" for Lachesis.

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DR. T. F. ALLEN ON HOMŒOPATHY.

E. W. BERRIDGE, M. D., LONDON, ENGLAND.

In the May number of THE HOMŒOPATHIC PHYSICIAN Dr. T. F. Allen publishes his protest against recent criticisms, insisting upon the accuracy of his definition of a homœopath, claiming that he has always practiced and taught "straight Homœopathy," and accusing some of those who profess to be



Hahnemannians of departure from the faith. Such a protest demands the most serious investigation.

(1.) Dr. T. F. Allen argues that a Christian is one who professes himself to be one, publicly unites with those who profess a similar faith, and does the best he can to live the life. And that, similarly, a homœopath is one who believes Homœopathy to be the best way of curing the sick, joins a homœopathic society, and does his best to practice Homœopathy. With this definition no one can find much fault, but the question is, *do they all strive to "live the life"?* If a professing Christian should get drunk, he undoubtedly commits an unchristian act; but no one, except a Pharisee, would deprive him of church membership on that account, always provided that he was truly penitent, and resolved never to fall from grace again.

So with Homœopathy. No man can do more than his best, *but does he always do his best?* Here are three imaginary cases of renal colic. Dr. A. treats one. He is a strict Hahnemannian, and possessed of the knowledge of how to elicit the patient's symptoms, and how to select the remedy from the *materia medica*. He prescribes the *simillimum*, and cures his patient homœopathically. He is a true homœopath, and a successful one.

Dr. B. is also a Hahnemannian, but of small experience. He honestly endeavors to select the *simillimum*, but fails. The patient is in acute suffering, and his knowledge of Homœopathy is exhausted. He knows that by an opiate or an anæsthetic he can give temporary relief, and, perhaps, concludes that whatever ill effects may arise they will be less than the ill effects of letting the patient continue to suffer. So he prescribes an allopathic or antipathic palliative. Is he a true homœopath? The answer to this question depends entirely on his future line of practice. If he admits that Homœopathy is a law of nature, and therefore infallible, though he himself is not infallible in applying it; if he subsequently studies his case again and again, and asks the help of those of longer and wider experience, that he may see where his error lay, and if he firmly resolves that he will endeavor to do better next time, then he is a true homœ-

opath, who has stumbled on the road, but recovered his footing. But if he declares, perhaps, from this one case, that there are cases where Homœopathy is of no avail, and where allopathy must be resorted to, then he is no longer a homœopath, but a traitor and a renegade.

Dr. C. also treats a case of renal colic, but, instead of endeavoring to select the *simillimum*, he at once gives *Morphia*. This man, I maintain, is not a homœopath; he is simply a base pretender. And no membership in a professed homœopathic society can make him a homœopath, any more than church membership can make a confirmed drunkard a Christian.

(2.) Dr. T. F. Allen says he finds "the most exclusive practitioners of our art reporting cures made with the highest potencies of a drug which has never been proved, whose indications are wholly clinical." This he calls "high potency allopathy." But as "allopathy" means the prescribing of drugs which produce symptoms different from those of the patient, how can he demonstrate that the cure is allopathic, if there is no proving of the remedy? And will he seriously declare that cures by high potencies can ever be allopathic? It is easily tested. Let him persuade some allopathic friend to give for twelve months the same medicines which he would usually prescribe, but in a high potency; we shall soon see the result. Again, is not Dr. T. F. Allen rather "previous" in accusing any of us of prescribing unproved medicines? The *Encyclopædia* does not contain everything, as I myself, as well as others, happen to have fragmentary provings of medicines which are as yet known to the profession generally by their clinical effects only. All these, I trust, will be published in due time. But, after all, is the prescribing upon clinical symptoms really the unpardonable sin? If so, then Hahnemann himself is lost beyond redemption. If Dr. T. F. Allen will examine any of Bœnninghausen's *Repertories* he will find countless symptoms, not to be found as yet in our *materia medica*. It is surely not unreasonable to conclude that a large proportion of these are clinical. And yet Hahnemann said he preferred Bœnninghausen's *Repertories* to all others.

(3.) Dr. T. F. Allen declares that "it is absolutely true that

every physician in large practice is obliged to use other than homœopathic methods in the treatment of the sick." I think some of the veterans of the I. H. A. will have a word to say on this subject. In the meantime I can reply for two Hahnemannians. It is nearly thirty years ago that I became acquainted with my *true* friend and preceptor, the late Dr. David Wilson, and from the day of our first acquaintance to the day of his death we maintained a firm and unbroken friendship. Our belief in Hahnemann was the same, as was also our method of selecting the remedy by means of the *Materia Medica* and *Repertory*, and he used to tell me that he looked upon me as the one who would take his place after he had left this world. I, therefore, can speak with authority on his mode of practice, and I assert that he used frequently to declare *that he had never once found Hahnemann's teaching to be wrong, and hence never had occasion to diverge from it.* For my own part, I declare the same thing. On another point also I must dispute Dr. T. F. Allen's assertion. He says that these departures from Homœopathy are necessary, "not for their cure, but sometimes for their palliation when they cannot be cured," and that "this practice will continue until our *Materia Medica* is so complete that every patient will be cured." Dr. T. F. Allen's argument is that in incurable cases Homœopathy is insufficient. On the contrary, I have found by experience that Homœopathy relieves these cases, and promotes *euthanasia*, far better than allopathy. I have had opportunities of comparing the two methods, and I can, therefore, speak with confidence. And, further, even were our *Materia Medica* complete, there would still be some cases which would prove fatal through failure of the vital powers in old age, or deeply-rooted disease of important organs.

(4.) Dr. T. F. Allen declares that "for twenty-five years and more I have faithfully and conscientiously practiced and taught straight Homœopathy." I am pleased to hear it, and only regret that if such is the case he has not given the support of his name to the I. H. A. But alas! In *THE HOMŒOPATHIC PHYSICIAN*, vol. VII, p. 398, I read a paper from him containing the following words: "He, who, in these days will not wash out



with distilled water and one-five thousandth of a grain of Corrosive Mercury a fresh case of gonorrhœa, and cure his erring brother in twenty-four to forty-eight hours, must give up the treatment of such diseases." If this can be done, physicians ought to be able to make a fortune out of the magical treatment of this disease, and the fact that they do not is a strong proof that the charm will not work. For my own part I never give injections for gonorrhœa, having seen too much harm arise from them, and I never treat them otherwise than homœopathically, and I have always been successful. But, apart from the question of the results of the two methods of treatment, another question arises, which I hope Dr. T. F. Allen will answer. *What has this routine treatment of fresh gonorrhœa to do with "straight Homœopathy."*

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## ERRORS IN DR. T. F. ALLEN'S ENCYCLOPÆDIA AND INDEX.

E. W. BERRIDGE, M. D., LONDON, ENGLAND.

As this work is at present our only completed (?) *Materia Medica and Index*, physicians ought to be informed of some of the errors therein.

In *Iodine*, proving 14, by Dr. C. Mohr, really belongs to *Indium*.

In *Antim-tart.*, proving 1, from Hartlaub and Trinks, is said by Dr. Dudgeon to belong to *Manganum*, but I have not the original to refer to.

In the *Repertory* I have frequently found the following confused: K-n. (*Kali-nitricum*), with Kre. (*Kreosote*); Alum (*Alumina*), with Alumn. (*Alumen*); Amm-c. (*Ammonium Carbonicum*), with Ammouc. (*Ammoniacum*). Lastly, in vol. V, p. 588, we find a proving of *Linum Catharticum*, or Purging Flax, under the name of *Linum*; and in vol. X, p. 574, a proving of *Linum Usitatissimum* (Linseed), under the same name, *Linum*; and the symptoms of the two are all jumbled up together in the *Index*.

I have found other errors in these works which I have sent

to Dr. Lee to use in the compilation of his *Repertory*—*the very best the world has ever seen.*

#### OTHER ERRATA.

*Lippe's Repertory*, p. 220, > by warmth of bed, for Am-c. read Am-mur.; p. 170, croup. ? transpose after and before midnight; see Kent in M. A., p. 309.

HOMŒOPATHIC PHYSICIAN, vol. IX, p. 295, line 8. ? for tumor read tremor.

*Allen's Index to Encyclopædia*, p. 1175, burning in thumb, for Arum read Arundo-m.

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#### SANICULA SPRING WATER.

EDITORS OF THE HOMŒOPATHIC PHYSICIAN:—Your number for June is at hand, and while each monthly visit is looked forward to with interest and satisfaction, I must say the remarks of Dr. H. C. Morrow on Sanicula were a very great source of satisfaction to me, even a delight. As Dr. S. Lilenthal said in reference to the case of constipation cured by Sanicula, as reported by Prof. J. T. Kent in the *Medical Advance* of January, 1889, each and every clinical verification is so much proof that our work is so far well done and that all our suffering has not been in vain. I doubt very much whether any remedy has been proven to the extent of Sanicula, nor will any one undertake it again after what has been placed on record. In this case the daily use of the water extended over one year, which accounts for its long action, and though some five years since the proving was made, we all (that is, my family) still suffer from the effects, and I fear never will fully get over them, as most all the symptoms still recur. The fact that Calc. had failed to help Dr. Morrow, and that Sanicula did, shows how much deeper is its action. We all know how characteristic this condition is of Calc., and yet it failed. Will Dr. Berridge have the kindness to report in full the cured case in THE HOMŒOPATHIC PHYSICIAN for May? It is in this way alone that a remedy can be developed and made useful after proving. I gave a number of similar cases

to I. H. A., 1889, which I trust may help to bring the *Sanicula* into the prominence it deserves. Should Dr. Lee have to get out a supplement to his *Repertory*, I hope he will remember *Sanicula*. Why not get some kind of a binder that could be used to put the installments in as they come out? All would buy them, I am sure.

Yours,

J. G. GUNDLACH, M. D.

SPOKANE FALLS, STATE OF WASHINGTON.

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### ANTISEPTIC DRESSING.

G. M. PEASE, M. D., SAN FRANCISCO, CAL.

Having recently witnessed what I suppose is called antiseptic dressing after a surgical operation, the absurdity of it as a protective against the incursions of the deadly (!) microbe forced itself upon me, and the peculiar trait of the ostrich which thinks to elude its pursuers by hiding its head seems on a par with gauze and tissue dressing.

Let us suppose an abdominal section has been completed, the tissues nicely stitched, edges accurately coaptated. Now, a few thicknesses of iodoform gauze, over this some bichloride gauze, over this a sheet of gutta-percha tissue, then some other absorbent and more gutta percha, or perhaps only a bandage to hold the rest in place.

Who will say there is not enough in the way to prevent even the most daring and energetic microbe from effecting an entrance to the well-covered wound. Like the vulture of the desert the microbe scents the distant prey, but first he must work his way through the bandage. When he has taken sufficient rest from this labor he leisurely treads the labyrinth of absorbent down to the gutta percha. Ah! here is a tough bit for him to get through. He is tired, but still hungry for the coveted wound. Perhaps he gets through the gutta percha, but alas, only to find a deadly poison in the mercurial protective, but bravely he goes forward, preferring death to defeat, until he meets the iodoform. Nearly dead he meets this new poison, which proves too much for him, and he quietly gives up the ghost and the wound is



spared the presence of its deadly foe. Great and wonderful is this discovery for the protection of all surgical wounds !

Now we have supposed the microbe to have attacked this dressing directly from the front. If he has any cunning he will not act in that way, but make a flank movement and approach from a little distance following the skin and quietly crawl *under* the bandage, meeting no opposition until he perceives the odor of iodoform.

But as iodoform has been shown to possess little or no germicidal power he cares nothing for its being over his head and he is free to carry out his mission as a scavenger of unhealthy matter.

Perhaps it has been thought advisable to leave a drainage-tube in the abdomen ; what greater inducement could be offered than this open highway for the approach of his germic majesty not only to the external wound but even into the innermost recesses of the abdominal cavity.

Human nature is so constituted in many instances as to require a great deal of pomp and fuss in order to convey one little fact to the brain, and in this case the little lesson is cleanliness. It does not require a massive frame about a gem of a picture to make the picture appreciated by an artist ; he only regards the picture and laughs at the absurdity of its framing.

Nature has provided an excellent seal in the serum of the blood. If circumstances are such that this serum will not be properly thrown out, and it is necessary to protect a wound from the air, why not imitate nature's sealing ; and, in what way can it be better done than by applying collodion. The deadly (!) microbe cannot, at least, crawl under this. Other advantages exist besides the air-tight sealing : because transparent it allows the frequent observation of what is going on under it, without the labor of removal and replacing of a pile of gauzes and tissues ; it holds the skin firmly and assists the sutures in their work ; it contains no poisons for possible absorbance by the system.

One word, however, in favor of the antiseptic dressing. It is a revolution against the old-fashioned wet dressing, and in

favor of dry dressing, and, perhaps, it requires all the chemicals and gauzes and paraphernalia to impress upon the average surgeon the value of a dry dressing. For that reason, and that only, is it of value.

Observation will probably show that all, or nearly all, of those who are great sticklers for antiseptics in surgery are wedded to the hypodermic syringe, and use it upon the slightest provocation. If a scalpel or forceps or other instrument must be soaked in antiseptic fluids, and such great care taken against the frisky microbe, why are they so careless with the syringe?

The same tube does duty in persons with all sorts of diseases, and it is safe to say that usually that tube is never more than carelessly wiped before it is put back into its case.

What a fine hiding place for sepsis is that tube and its surroundings.

“Consistency, thou art a jewel.”

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### BOOK NOTICES.

RECOLLECTIONS OF GENERAL GRANT. By George W. Childs. Philadelphia: Collins Printing House. 1890.

This clever little 16mo volume of 104 pages is from the pen of no less a person than the foremost citizen of Philadelphia, and one of its most distinguished journalists.

There is no name more widely known; none held in more affectionate remembrance by his numerous beneficiaries than that of GEORGE W. CHILDS, editor and proprietor of *The Public Ledger*, of Philadelphia.

He had a long and intimate acquaintance with General Grant; was his counselor, friend, and admirer. Therefore, with his own splendid character and reputation for integrity, every word that he may utter or write concerning the dead General acquires at once a weighty historical value for its crystal-clear truth.

George W. Childs is himself a man whose lustrous name and deeds should be so enshrined, that their brightness may illuminate all posterity. This will be in great measure accomplished by the perpetuation of his incomparable newspaper. But there yet remains much to be done through the enthusiastic devotion to the attainment of this object of some one of his friends, who will strive to imitate the admirable result he has accomplished for his friend General Grant.

In the eloquent language of George William Curtis, when referring to Mr. Childs:

"The recollections of such a life are necessarily full of interest. They are especially pleasant, because they do not associate narrowness and hardness and meanness and selfish intrigue with success, but, on the contrary, the open hand and the open heart."

W. M. J.

**DISEASES OF THE EYE AND EAR.** By C. H. Vilas, A. M., M. D., Professor of Diseases of the Eye and Ear in the Hahnemann Medical College, Chicago. For sale by Bœrieke & Tafel.

This work, containing much that is of practical value, like many others coming from hands which claim to be homeopathic, is marred by antipathic recommendations in the treatment of various affections of the eyes and ears. Thus, at p. 8, we find: "The treatment of eye diseases demands the use of solutions prepared from various alkaloids. First among such, and without which the treatment of eye diseases would be extremely hazardous, is atropia sulphate, commonly called atropine." We say, unqualifiedly, this is incorrect. The *simillimum* is all that is necessary in any disease of the eye—or in disease in any other organ. Disease is not in the eye; it is in the system, and can only be overcome by proper systematic treatment. This is mere platitude, or should be, for it has sufficient age to make it common. The idea of a teacher in a college bearing the name of Hahnemann giving expression to such teachings—ideas which one hundred years ago might have gone unquestioned. But Hahnemann has lived since then! and he has followers who are ever ready to deny such teachings. One can get some valuable hints from Dr. Vilas's book; but he had better avoid the allopathic treatment advised. G. H. C.

**PRACTICAL SANITARY AND ECONOMIC COOKING**, adapted to persons of moderate and small means. By Mrs. Mary Hinman Abel. The Lomb Prize Essay. Published by the American Public Health Association.

This work deserves to be known and recommended by all physicians to patients who are so situated that economy in cooking, and a knowledge of how to get the most nutritive value from food, at the least cost, are necessary. The object of the little book is "purely an effort to better the condition of the home, and to make happier the family circle." A laudable enterprise. We have always claimed that a large amount of drunkenness is caused by the fact that the laboring poor, through ignorance, do not get the full nutritive value of the food they use; mostly through improper preparation. Hence, weakness; then a desire for stimulants; then drunkenness; finally an unhappy home. Make this book known to such, and it will do a work that all the temperance and prohibition societies have failed to accomplish. G. H. C.

**CENSUS BULLETIN No. 7.** August 6th, 1890. Robert P. Porter, Superintendent of Census.

This is a periodical which is issued monthly by the Census Bureau in order to bring before the public at as early a date as possible such compilations of



the results of the census as have been completed in the short time that has elapsed since the collecting of such a vast mass of data.

The issue now before us relates to the indebtedness of States in 1890 as compared with 1880.

From these returns it appears "that in the decade ending 1890 State indebtedness has decreased in round numbers about \$58,000,000."

Census Bulletin No. 8 has also been received. It gives the statistics of the mining of slate. W. M. J.

**HOW TO PRESERVE HEALTH.** By Louis Barkan, M. D.  
New York: American News Co. 1890.

This is a handy little volume intended for the laity, and containing, as its name implies, numerous precepts for the care of the health.

The precepts are arranged under suitable headings that they may be readily found. It is, therefore, a useful book of reference. Thus we have an instructive chapter on food. Then we have a series of chapters on the hygiene of the different organs; hygiene of age and occupation, and hygiene of the dwelling. These constitute the first part.

The second part contains chapters on the care of the sick, nursing, the family physician, how to give aid in emergencies, contagious and miasmatic diseases; diseases of nervous system, the respiratory tract, the digestive tract, etc. The advice seems sound and simple and we can recommend it as a good book for every household. W. M. J.

**THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE, WITH STERILITY AND IMPOTENCE.** By Dr. R. Ultzmann, Professor of Genito-Urinary Diseases in the University of Vienna. Translated by Gardner W. Allen, M. D., Surgeon in the Genito-Urinary Department of Boston Dispensary. Philadelphia: 1231 Filbert Street. F. A. Davis, publisher. 1889.

This is the best work upon this subject which we have met with since the celebrated work of Acton. It gives the clearest information possible, and is most excellent for the physician of any school of medicine. Those portions of the treatment which cannot be indorsed by the consistent homeopathist can be ignored, whilst the instruction in diagnosis, hygiene, etc., should be carefully studied.

It is not a suitable book for the laity, but for the educated practitioner it must prove a great help.

It is a very small book, and can be slipped into the coat pocket, and so is available for perusal when upon a journey, waiting for a train, and the like.

W. M. J.

**PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY.** By G. A. Liebig, Jr., Ph. D., and George H. Rohé, M. D.

Philadelphia: 1231 Filbert Street. F. A. Davis, publisher.  
1890.

This is the latest work upon electro-therapeutics. It is divided into three parts: Part I, a systematic description of electricity, magnetism, and batteries. Part II is devoted to electro-physiology, electro-diagnosis, and electro-medical apparatus. Part III gives the therapeutic effects of electricity and methods of application, with illustrations of curative results, especially in a case of elephantiasis arabum.

It is, of course, all empirical, but very instructive and stimulating in its tendency upon the reader, stimulating him to the desire to investigate further and make discoveries for himself. We cannot say much in praise of the description given of practical electrical units—ohms, volts, etc.

For the make-up of the book we can say it is well printed, profusely illustrated, and handsomely bound.

W. M. J.

THE POLYTECHNIC. Chicago, Ill.: S. E. corner Madison Street  
and Fifth Avenue. Sample copy, ten cents.

This is the name of a new magazine to be published in Chicago, the initial number of which will be issued next month. Like the London magazine of that name, it will be the organ of a polytechnic institute, which, in this case, has been lately started in Chicago, and will be modeled after the famous London institute of similar name, an interesting account of which was given in the *Century* for June. The first number will be largely descriptive of the work of the institute, especially its trade schools, a peculiar feature of which is that students may earn their expenses while in attendance, and can learn almost any trade. As this promises to solve the vexed apprenticeship question, all master associations are warm supporters of the movement. An article on the new Evening Medical College, of Chicago, is also included in this number. The ladies will be interested in the description of the cooking, millinery, and dressmaking schools of the Chicago Polytechnic Institute.

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## NOTES AND NOTICES.

REMOVALS.—Dr. James W. Ward desires to announce his removal, after July 20th, to 924 Geary Street, between Larkin and Polk. Office hours: 10 to 12 A. M., 7 to 7.30 P. M. Telephone 2123.

Drs. Boericke & Dewey have removed to 824 Sutter Street, San Francisco, five doors below their old office. Telephone 2207.

Dr. G. E. Gramm has removed from Philadelphia to Ardmore, Montgomery County, Pennsylvania.

Dr. Horace P. Holmes, formerly of Sycamore, Illinois, has associated himself with Dr. C. M. Dinsmoor as partner, and will hereafter practice medicine at Rooms Nos. 30 and 31 Douglas Block, Omaha, Nebraska.

THE  
HOMŒOPATHIC PHYSICIAN,  
A MONTHLY JOURNAL OF  
HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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No. 10.

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EDITORIALS.

HEREDITY OF TUBERCULOSIS.—At page 53 of this current volume, in connection with remarks respecting the microbic origin of disease, we asked this question: “How often have you seen tuberculosis where there was no history of heredity?”

Dr. August Haupt, of Soden, a German watering place, in a pamphlet, entitled *The Importance of the Heredity of Tuberculosis in Comparison with its Propagation by Sputum*, gives a reply to this which goes to prove our position.

It treats of the heredity of tuberculosis, and Dr. Haupt claims and shows that the inheritance of tuberculosis from parents or ancestors cannot possibly be disputed, and that the theory of absolute contagion is not well founded.

One physician had not seen a case of infection after fourteen years' work in a consumption hospital.

Professor Leyden is quoted thus: “Immediately after the discovery of the tubercle bacillus there was a tendency to attach much more importance to contagion than before, but further observation has shown that it does not play so very great a part, and that the majority of cases are due to heredity.”

Of six hundred and eighty Italian physicians fifty-nine de-



clared for contagion, one hundred and twenty-four against it, and four hundred and ninety-seven mainly for heredity.

In England seven hundred and ninety-two out of one thousand and seventy-eight declared against contagion.

Here are Dr. Haupt's statistics : Among the fifteen hundred inhabitants of Soden there are one hundred and one who let lodgings. In most of the houses the wives, with sisters or daughters, serve and tend the tuberculous patients who come for treatment. In many houses servant girls from the neighboring villages, hired for the summer, help, making the patients' beds, cleaning their rooms, beating the carpets, removing the sputum. These occupations, it will be seen, are closely connected with the danger of infection. In winter the landlord's family occupy the rooms in which the most seriously affected cases have been. Between 1855 and 1888 forty-eight of the two hundred and thirty-eight members of such families died, ten of them of tuberculosis. In six of these ten cases heredity was demonstrable, and the remaining four were due to colds and external causes. Of the four hundred and fifteen servant girls seventeen died, five of them of tuberculosis, also demonstrably due to other causes than infection. The same proportion prevails among other persons in close contact with consumptive patients, attendants, washerwomen, etc.

We would like to ask, what now becomes of the bacillus origin of tuberculosis? It surely needs more support than has thus far been given it.

In fifteen years' observation we have not seen one case but what showed a hereditary origin.

The reaction of the microbe craze has begun. The advocates of the bacillus and the coccus are now beginning to hedge. It will not be long before the whole idea will be forgotten, and it will then take its place with the numerous other theories of so-called scientific medicine.

G. H. C.

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**SURGERY THE OPPROBRIUM OF MEDICINE.**—At the recent meeting of the International Hahnemannian Association at Watch Hill, Dr. J. B. Bell, of Boston, one of the best surgeons

our country has produced, said : " Although I am a surgeon, I say that surgery is the opprobrium of medicine. We should be able to cure all diseases, even those now called surgical, with the indicated homœopathic remedy alone. Surgery should be practiced only in cases of injury. The time will come when surgery will be confined to this field."

Dr. Bell's words find confirmation in a letter of a leading physician of Brussels to a Paris journal. The writer says that the recent progress of surgery has been overrated. That the operative art in itself has not made sensible progress. That since more cleanliness has been practiced the healing of wounds has been attended with greater success than before. The author says : " The real difficulty and the supreme talent of men of the art (of surgery) consist more in preserving than in removing organs, viscera, and tissues, and making tumors disappear by appropriate therapeutical means rather than violently extirpating them. It is thus that a number of so-called cancers of the breast, which are generally removed at once with the knife or with strong caustic, may be easily cured without any painful or cutting operation, in a few months. The statistics of operation carried to extremes are not very reassuring, notwithstanding the incontestable progress accomplished in the hygiene or the salubrity of hospitals, and the excellent care of the patients operated on.

" Every now and then medical journals report that a brilliant operation, performed with all the antiseptic arsenal in vogue, and with a surgical show designed to throw dust in the eyes of the spectators, has been immediately followed by the death of the patient."

In speaking of cancers of the breast, the writer says : " They would become very rare if they were properly treated as soon as puffiness or engorgement manifests itself." The same in the case of goitre. " A cutting operation is far from being without danger."

At the present day, even nearer home, we occasionally see an account in the newspapers of an operation of a serious character having been successfully performed, but the one who gave the

item to the reporter fails to mention that the patient died shortly after. Recently such an account of the removal of a tumor from the brain appeared in some Philadelphia newspapers. It is so well described in a portion of the letter quoted above that we shall let the writer of that speak: "That grave operations for medical cases are not always justifiable may be seen by the following observation: About eighteen months ago a well-known surgeon practiced the removal of a tumor of the brain in a patient who had suffered from attacks of unilateral epilepsy for seven or eight years. The tumor was diagnosed to be situated in the convolution of Rolando. The spot for operation having been marked out the surgeon trephined, removing a circle of about three centimetres. He then made a crucial incision into the dura mater, which was healthy, and cutting through the pia mater he incised the brain and removed the tumor, which was about the size of a small apple. During the night preceding the operation there had been thirty-seven epileptic attacks. On the night following it there were only five, and five or six days afterward there were none. Coma and delirium, with which the patient was affected, disappeared toward the tenth day, the complete paralysis of the two limbs, with which he was also affected, disappeared on the fifteenth day, the limbs gradually recovered their movements, and at the end of a month the patient completely recovered consciousness. All this seems very encouraging, but I have incidentally learned that the patient is relapsing into the same condition that he was in before the operation."

What lessons we may draw from this and similar cases! Hahnemann taught the dynamic origin of disease, and experience has shown that, no matter what the manifestations of disease, the only safe and permanent way to health is to follow the law of the similars, by prescribing the remedy demanded by the symptoms. We may rid a patient of the external manifestations of the internal affection by the knife, the cautery or topical applications, but the disease is still at work, and sooner or later it will show in a form even worse than at first, and it will be made incurable by continuing such treatment.

G. H. C.



THE OPPROBRIUM OF OLD-SCHOOL MEDICINE is not only surgery. The results of the treatment of every disease should be a reproach to all who adhere to that lawless drugging method of treating the sick.

Wherever Homœopathy is tried its superior success is shown. Thus, during the epidemic of yellow fever in Jacksonville, Florida, in the winter of 1888-89, old-school mortality was greater than fifteen per cent., while over five hundred cases under Homœopathy showed a mortality of less than three per cent. And still the druggers find feeble imitators who take the name of homœopathist !

G. H. C.

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DR. FRANK KRAFT, of Sylvania, Ohio, editor of *The American Homœopathist*, has been elected Professor of Materia Medica and Lecturer on the *Organon* in the Cleveland Hospital College.

Dr. Kraft has prepared a plan of accurate instruction in the pure principles of Homœopathy. Those who wish to know just what Homœopathy really is, have, at last, an opportunity to hear the doctrine expounded.

At the recent meeting of the International Hahnemannian Association, Dr. Wesselhœft said that students in Harvard and other colleges who desired to learn something about Homœopathy frequently applied to him for information where to go to get this knowledge. He was at a loss to direct them.

Many other homœopathic physicians have been similarly embarrassed.

This difficulty will now be removed by the appointment of Dr. Kraft to the professorship, for it is his fixed intention to give a thorough and complete exposition of the law of cure and of the *Organon*, paragraph by paragraph.

There is a keener demand for genuine homœopathic teaching than the professors of the colleges will believe. For want of it, they stand on a dead level of mediocrity, feebly competing with the successful colleges of the other school.

By cordially upholding Dr. Kraft in his determination to teach Hahnemannian Homœopathy, the Cleveland College will

come to the front at once and become distinguished ; and it will find itself supported by that small band of Hahnemannians who at present have no college to represent them.

THE HOMŒOPATHIC PHYSICIAN will be happy to lend its aid in support of the new policy. W. M. J.

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## MONO-PHARMACY.

DR. GAILLIARD, BRUSSELS.

(Translated from the Spanish by E. A. P.)

One of the Hahnemannian reforms the influence of which has been felt in all medical schools, and later most universally accepted is mono-pharmacy.

It is a principle most necessary to be maintained with great integrity, not for respect which is due to our master nor for tradition's sake, but because it is absolutely rational, being entirely favorable to homœopathic therapeutics.

Mono-pharmacy *means* not the administration of one simple remedy for the cure of a disease, but the successive administration of remedies always *simple*, prescribed according to indications as they are presented.

Administration at the same time and the alternation of several remedies, as recommended by some practitioners, constitute a most irrational proceeding that brings us again to the quackery which reigned during the beginning of the century.

All that can be said of complex medicines is that they represent an odious attempt to return to poly-pharmacy so condemned by Hahnemann.

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*Niccolum* in right-sided sore throats, when the affected side is very sensitive to touch, externally.

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For odontalgia depending upon caries of teeth ; pain shoots from teeth to ear. Kreosote.

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During dentition child is fretful and irritable and sleepless, Chamomilla failed, Kreosote cured.

## DURATION OF ACTION AND ANTIDOTES OF THE PRINCIPAL REMEDIES.

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When first I saw in Hahnemann's *Chronic Diseases* that a single dose of the homœopathic remedy would often act for from six hours to eight weeks and even three months, and afterward found this to be actually so from personal experience, it occurred to me that it would perhaps benefit others who did not have access to that work, to know this fact, and deter them from repeating the remedy too often, as I rather think is customary with many homœopaths. The following compilation is the result.

I am aware that the duration of the action of a remedy is by no means positively always the same, but depending somewhat upon the nature of the disease, whether acute or chronic, and also upon the idiosyncrasy of the patient, yet hope that the knowledge that Hepar-s-c., for example, has been found to act for eight weeks and longer, may be of some material benefit to many a young homœopath as well as his patients. For it is a positive fact that many a case is spoiled by repeating the remedy too often instead of allowing one dose to continue its beneficent curative action to the end. Hahnemann's *Chronic Diseases*, Dr. C. von Boëninghausen's works, and Hering's condensed *Materia Medica* have been used in collecting the data for the following list of

THE MOST FREQUENTLY USED REMEDIES OF THE HOMŒOPATHIC MATERIA MEDICA, THEIR DURATION OF ACTION, ANTIDOTES, AND COMPLEMENTARY AND INIMICAL REMEDIES.

Those remedies which are taken from Hahnemann's *Chronic Diseases* and in the older works are called "Antipsorics," in this list are designated by heavy black letters. Those which in the



older works are also called antipsorics, but which are doubtful, in this list appear in *italics*.

*Acetic acid.*

Antidotes : Lime-water, Magnes., Calc-c., Natrum-mur.

Acetic acid antidotes : All anæsthetic vapors, Acon., Asar., Coffea, Euphorb., Hepar, Ignatia, Op., Stram., Tabac., Alcohol.

Complementary : China in hemorrhages.

Inimical : Borax, Caust., Nux-v., Ranuncul-bulb., Sarsapar.

Aconitum-nap. Acts six to forty-eight hours.

Antidotes : Acetic acid., Paris, Vinum.

Acon. antidotes : Bell., Cham., Coff., Nux-v., Petrol., Sep., Sulph., Veratrum-alb.

Complementary to : Arn., Coff., Sulph. (high).

**Agar-musc.** Acts forty days.

Antidotes : Charcoal, Coffee, Wine, Brandy, Camphor, Fat, or Oil ; Calc-c., Puls., Rhus-tox.

Agnus-castus. Acts eight to fourteen days.

Antidotes : Camph., Natr-mur.

Ailanthus-gland.

Antidotes : Aloe, Rhus-tox., Nux-v.

Nervous sensitive persons ; bilious temperament, stout, and robust.

*Aloe-soc.*

Antidotes : Sulph., Mustard, Camph., Nux-vom., Lycopod.

Old people, phlegmatic and indolent persons.

Aloe has many symptoms like Sulphur, and is equally important in chronic diseases, with abdominal plethora.

**Alumina.** Acts over forty days.

Antidotes : Bry., Camph., Cham., Ipec.

Alumina antidotes lead poisoning.

Complementary : Bryonia-alb.

Constipation of infants ; stools green, acidity of primæ viæ ;

Puberty : Chlorosis, with longing for indigestible substances.

Dark complexion, excitable. Mild disposition. Lack of animal heat ; spare habit. Old people, hypochondriacal.

*Ambra grisea.* Acts for three to five weeks.

Antidotes : Camph., Coff., Nux-v., Puls., Staphis.

Ambra antidotes : Staphis., Nux-v.

**Ammon-carb.** Acts over thirty-six days.

Antidotes : Arnica, Camph., Hepar, vegetable acids and fixed oils, as : Olive, Castor, Linseed.

Amm-c. is an antidote to : Rhus poisoning and stings of insects.

Inimical to Lachesis.

**Ammon-mur.** Acts over six weeks.

Antidotes : Camph., Coff., Nux-v.

**Anacardium orient.** Acts over thirty days.

Antidotes : Coff., Juglans ; for the anger and violence of mind : smelling of raw coffee. (Gastric and nervous disorders during pregnancy ; nervous and hysterical females.)

**Angustura.** Acts three to four weeks.

**Antimon-crud.** Acts four weeks.

Antidotes : Calc-c., Hepar-s-c., Mercur.

Anti-crud. antidotes : Stings of insects.

Complementary : Squilla.

**Antimon-tart.** Acts two weeks.

Antidotes : Asafoet., China, Coccul., Ipec., Laurocer., Opium, Puls., Sep.

Anti-tart. antidotes : Sepia.

**Apis-mel.**

Antidotes : Natr-mur., Ipec., Laches., Lact-ac. Apis high ; Salt, sweet oil, onions.

Apis antidotes : Cantharis, China, Digital.

Complementary : Natr-mur.

Inimical : Rhus-tox.

**Argent-met.** Acts two to three weeks.

Antidotes : Mercur., Puls.

**Argent-nitr.**

Antidotes : Natr-mur., Ars., Milk, Calc-c., Puls., Sepia, Lycopod., Merc., Silicea, Rhus-tox., Phos., Sulph.

Arg-nit. antidotes : Ammon-caust.

Melancholy : Congestions to head and chest, epistaxis, climaxis, flushes, itching skin.

**Arnica-mont.** Acts two to six days.

Antidotes : Camph., Ipec., Acon., Ars., China, Ignat.

Arn-mont. antidotes : Ammon-carb., China, Cicuta, Fer., Ignat. Ipec. Seneg.

**Arsenicum-alb.** Acts over thirty-six days.

Antidotes to large doses : Sesquioxide of iron, hydrated peroxide of iron, precipitated carbonate of iron, juice of sugar cane or honey-water. Lime-water in copious draughts, emetics of sulphate of zinc. Carbonate of potash and magnesia shaken in oil ; Infusion of astringent substances.

Antidotes to small doses : Camphor, Chin., Chin-sulph., Fer., Hepar, Iod., Ipec., Nux-v., Sambuc., Tabac., Veratr.

Ars. antidotes : Carb-v., China, Fer., Graph., Iod., Ipec., Lach., Merc., Nux-v., Veratr., Lead poisoning and evil effects of alcohol.

Hydrogenoid constitution of Grauvogl, complaints of drunkards.

**Arum-triph.**

Antidotes : Buttermilk ; Lactic acid.

**Asafoetida.** Acts four to six weeks.

Antidotes : Camph., Caust., China, Puls., Merc., Valerian.

Phlegmatic temperament ; scrofulous, bloated, clumsy children, Venous, hemorrhoidal constitution, nervous people ; syphilitics, who have taken much Mercury.

**Asarum-europ.** Acts eight to fourteen days.

Antidotes : Camph., Vinegar, and all vegetable acids. Nervous temperament, excitable or melancholic.

**Aurum-met.** Acts over six weeks.

Antidotes : Bell., Chin., Coccul., Coff., Cupr., Merc., Puls., Spigel., Sol-nig.

Aurum antidotes : Merc., Spigel.

Girls at puberty ; old people, weak vision. Sanguine temperament ; scrofulous, syphilitic, and mercurial patients.

**Baryta-carb.** Acts forty to fifty days.

Antidotes : Ant-tart., Bell., Camph., Dulc., Zincum.

Old fat people ; scrofulous children, dwarfed in body and mind ; general emaciation.



**Belladonna** acts over five weeks.

Antidotes : Coffea, Hyos. ; Camph., Hepar, Opium, Puls.,  
Vinum. Vinegar increases the headache.

Bell. antidotes : Acon., Cupr., Fer., Hyos., Mercur., Plumb. ;  
Jaborandi ?

Complementary : Calc-carb.

Bell. suits plethoric, lymphatic constitutions, who are jovial  
and entertaining when well, but irritable and violent when  
sick. Women, children, blue eyes, light hair, fine com-  
plexion, delicate skin.

**Benzoic acid.**

It antidotes Copaiba.

Rheumatic or gouty diathesis ; especially in syphilitic or  
gonorrhœal patients.

**Berberis-vulg.**

Antidotes : Camph.

Berb. antidotes : Acon.

**Bismuthum.** Acts five to seven weeks.

Antidotes : Cal-c., Caps., Nux-v.

**Borax.** Acts seven to eight weeks.

Antidotes : Cham., Coff.

Inimical to Borax : Acetum, Vinum.

**Bovista.** Acts for fifty days.

Antidote : Camphor.

Coffee disturbs its action.

Palpitation in old maids, stammering in children.

**Bryonia-alba.** Acts two to three weeks.

Antidotes : Acon., Alum., Camph., Cham., Clemat., Coff.,  
Ignat., Mur-ac., Nux-v., Puls., Rhus-tox., Senega.

Bry. antidotes : Rhus-t., chlorine.

Similar : Colocynth.

Complaints : from warm weather following cold days ; ex-  
posure to heat of fire.

**Cactus-grand.**

Antidotes : Acon., Camph., China.

**Caladium.** Acts six to eight weeks.

Antidotes : Camph., Caps., juice of sugar cane.

Calad. antidotes : Mercur.

Complementary: Nitr-ac.

**Calc-carb.** Acts over fifty days.

Antidotes : Camph., Nitr-acid., Nitr-spr-dulc., Nux-vom., Sulph.

Calc. antidotes : Acet-ac., Bismuth., Chin., Chin-sulph., Nitr-ac.

Complementary to Calc. : Bell.

Leuco-phlegmatic temperament ; fair, plump children, with open fontanelles and sutures, excessive obesity of young people.

**Camphora.** Acts five to fifteen minutes.

Antidotes : Opium. Nitr-spr-dulc., Dulcamara.

Camph. antidotes : Canth., Cupr., Squilla.

Inimical : after Nitrum.

**Cannabis-sativa.** Acts two to three weeks.

Antidote : Camph., Lemon juice.

*Cantharis* acts three weeks.

Antidotes : Acon., Camph., Lauroceras., Puls. Oil increases the pernicious effects of Cantharis.

Inimical : Coffea.

**Capsicum** acts four to eight days.

Antidotes : Calad., Camph., China, Cina., Sulph.

Caps. antidotes : Calad., China, Coff.

Phlegmatic, awkward, easily offended ; indolent, melancholic, lack of reaction ; dread of open air, lazy, fat, unclean ; light hair, blue eyes.

**Carbo-an.** Acts over thirty-six days.

Antidotes : Ars., Camph., Nux-vom., Vin.

Useful in elderly people, with venous plethora, blue cheeks and lips ; young scrofulous subjects.

**Carbo-veg.** Acts over thirty-six days.

Antidotes : Ars., Camph., Coff., Lach., Nitr-spr-dulc.

Carbo-v. antidotes : effects of putrid meat or fish, rancid fats ; Chin., Lach., Mere.

Low vital powers, venous system predominant ; old people ; children after exhausting diseases.

Complementary to Kali-c.

**Causticum.** Acts over fifty days.

Antidotes : Asafoet., Coff., Coloc., Nux-v., Nitr-spr-dulc.

Caust. antidotes : Mercur., Sulph.

Inimicals : Acids, Coffea, Phosphor.

Persons with dark hair, rigid fibre. Children with delicate skin.

**Cepa** ; Antidotes : Arnica, Chamom., Veratr.

Cepa is complementary to : Phos., Puls., Sarsap.

**Chamomilla.** Acts for several days.

Antidotes : Acon., Alum., Borax, Camph., Coccul., Coff., Coloc., Ignat., Nux-v. especially. Puls.

Chamom. antidotes : Coff., Opium.

Complementary to Magnes.

Children, light-brown hair, nervous, excitable temperament.

Adults and aged persons with arthritic or rheumatic diathesis.

**Chelidonium.** Acts over fourteen days.

Chel. follows well after Ledum.

Antidotes : Acon., acids, wine, coffee, Camph.

Chel. antidotes : Bry.

Spare subjects, disposed to abdominal plethora, cutaneous diseases, catarrhs or neuralgia. Blondes.

**China-off.** Acts two or three weeks.

Antidotes : Aran-diad., Ars., Arn., Bell., Calc-c., Carbo-veg., Eupator-perf., Fer., Ipec., Lach., Mercur., Natr-m., Nux-v., Puls., Sep., Sulph., Veratr.

China antidotes : Ars., Ipec.

Complementary to Ferrum.

Inimical to Selen.

Swarthy persons ; debilitated, broken down from exhausting discharges.

Women after menopause ; pleurisy, dropsy.

**Cicuta-vir.** Acts five to six weeks.

Antidotes : Arn., Opium ; tobacco against massive doses.

Cicuta antidotes : Opium.



**Cimicifuga.**

Antidotes: Acon., Baptis., Cauloph., Gels., Puls.

Climacteric years; nervousness from anxiety and over-exertion; rheumatic persons, etc.

**Cina.** Acts two to three weeks.

Antidotes: Camph., China, Capsicum, Ipec., Piper-nigr.

Cina antidotes: Caps., China, Merc.

**Clematis-erecta.** Acts five weeks.

Antidotes: Bryon., Camph.

Torpid, cachectic conditions; light hair.

**Cocculus.** Acts eight to fourteen days.

Antidotes: Camph., Cham., Cupr., Ignat., Nux-v.

Cocculus antidotes: Alcohol, Cham., Cupr., Ignat., Merc., Nux-v.

Inimical: Coffea.

**Coffea.** Acts one to two days.

Antidotes: Acon., Cham., Ignat., Nux-v., Puls.

Coff. antidotes: Cham., Coloc., Nux-v., Psorin.

Inimicals: Canth., Caust., Coccul., Ignat.

**Colehicum-autum.** Acts three to four weeks.

Antidotes to poisoning: Amm-caust., a few drops in sugar-water; Bell., Camph., Coccul., Nux-v., Puls.

Gout in persons of vigorous constitutions.

**Colocynthis.** Acts thirty to forty days.

Antidotes: Camph., Coff., Staph., Caust., Chamom. To large doses, tepid milk, Camph., Opium.

Coloc. antidotes: Caustic.

**Conium-mac.** Acts thirty to thirty-five days.

Antidotes: Coff., Nitr-ac., Nitr-spr-dule.

Conium antidotes: Nitr-acid.

Old men; old maids.

Women with tight, rigid fibre, and easily excited, as also those of opposite temperament. Light-haired persons. Children with marasmus, with frequent sour evacuations worse at night, better during the day.

**Crocus-sat.** Acts over eight days.

Antidotes: Acon., Bell., Opium.

**Croton-tig.** It antidotes Rhus poisoning.

**Cuprum-met.** Acts two to three weeks.

Antidotes: Sugar or white of egg for large doses; Hepar-s-c. or potash soap, for poisoning from food containing copper; the aggravation from Cuprum is better from smelling of Camphor $\theta$ .

Dynamic antidotes: Bell., Chin., Conium, Dulc., Hepar, Ipec., Merc., Nux-v.

Cupr. antidotes: Aur., Opium.

Complementary to: Calc.-carb.

**Cyclamen.** Acts two to three weeks.

Antidotes: Camph., Coff., Puls.

**Digitalis.** Acts over six weeks.

Antidotes to large doses: Sweet milk with fœnum græcum (Trigonella fœnum græcum—"Fœnugreek seed"), vegetable acids, vinegar, infusion of galls, Ether, Camph.

Antidotes to small doses: Nux-vom., Opium.

China increases anxiety produced by Digitalis.

**Drosera.** Acts two to three weeks.

Antidote: Camph.

Sulph. and Veratr. are the most appropriate intercurrents in whooping-cough.

Complementary: Nux-vom.

**Dulcamara.** Acts thirty to forty days.

Antidotes: Camph., Cupr., Ipec., Mercur.

Dulcamar. antidotes: Cupr., Mercur.

Complementary: Baryta-carb.

Incompatible: Bell., Laches.

Phlegmatic, torpid, scrofulous persons, who are restless and irritable, susceptible to changes of weather and taking cold easily.

**Euphorbia-off.** Acts seven weeks.

Antidote: Camph. Succus-citri.

**Euphrasia.** Acts three to four weeks.

Antidotes: Camph., Puls.

**Ferrum-met.** Acts four to six weeks.

Antidotes: Ars., Chin., Hep., Ipec., Puls., Veratr.

Fer. antidotes (Cupr., Mercur., Prussic-ac.): Ars., Iod., Chin.

Complementary: Alum., Chin.

Persons who, though weak and nervous, have a very red face. Delicate, chlorotic women. Sanguine, choleric people.

Gelsemium.

Antidotes: China, Coff., Natr-mur.

Glonoinum.

Antidotes: Acon., Camph., Coff., Nux-v.

**Graphites.** Acts forty to fifty days.

Antidotes: Acon., Ars., Nux-v., Wine.

Graphites antidotes: Ars., Iod., Rhus-tox.

Complementary: Ars., Caust., Fer., Hepar.

**Guaiacum-off.** Acts over five weeks.

Antidote: Nux-vom.

Guaiac. antidotes: Caust., abuse of Mercur. in rheumatism, gout, contraction.

Syphilides; old women, dark hair and eyes.

Hamamelis.

Antidote: Puls.

Complementary to Ferr. (hemorrhages).

**Helleborus.** Acts three to four weeks.

Antidotes: Camph., China.

During dentition brain symptoms, weakly, scrofulous children.

**Hepar-s-c.** Acts over eight weeks.

Antidotes: Acetic-acid, Bell., Cham., Silicea.

Hepar antidotes: Potass-iod., Iod., Mercurial and other metallic preparations.

**Hydrastis.**

Antidote: Sulph.

Hydrastis antidotes: Mercur., Kali-chlor.

**Hyos-nig.** Acts eight to fourteen days.

Antidotes: Acetic-ac., Bell., Citri-ac., China, Stram.

Hyos. antidotes: Bell., Plumb., Stram., Ether.

Sanguine temperament; nervous, irritable, excitable, hysterical subjects; drunkards, old men, children.



**Hypericum.**

Antidotes : Arsen., Chamom., Sulph.

**Ignatia.** Acts five to nine days.

Antidotes : Arnica, Camph., Cham., Coccul., Coff., Nux-v., Puls.

Ignat. antidotes : Zinc., Coff., Cham., Brandy, Puls., Tobacco.

Inimicals : Coff., Tabac.

Suitable to nervous, hysterical females of mild, but easily excited nature.

**Iodium.** Acts over six weeks.

Antidotes : Starch or wheat flour, beat up in water ; Ant-tart., Ars., Bell., Camph., Chin., Chin-sulph., Coff., Hepar, Opium, Phos., Spong., Sulph.

Iod. antidotes : Argent-nit., Ars., Calc-c., Merc.

Complementary : Lycopodium.

Suitable particularly to persons with dark eyes and hair ; overgrown boys with weak chests ; scrofulous diathesis ; old people.

**Ipecac.** Acts twelve to twenty-four hours.

Antidotes : Arn., Ars., Chin., Nux-v., Tabac.

Ipec. antidotes : Alum., Arn., Ars., Chin., vapors of copper, Dulcam., Ferr., Laurocer., Op., Tabac., Tart-emet.

Complementary : Cuprum.

**Kali-bichrom.**

Antidotes : Ars., Lach., Puls.

Complementary : In dysentery ; after Canth. has removed the scrapings, Kali-bi. will often complete the cure.

Fat, light-haired persons, fat, chubby children.

**Kali-carb.** Acts over six weeks.

Antidotes : Camph., Coff., Nitr-spr-dulc.

Complementary to Carb-veg.

Suitable for the aged, rather obese lax fibre ; dark hair.

After loss of fluids or vitality ; especially in anæmic persons.

**Kreosotum.**

Antidotes : Acon., Nux-v., Ars., Chin., Ipec.

Inimical : after Carb-veg.

Young people, tall for their age; dark complexion, slight, lean. Complexion livid, disposition sad, irritable; often indicated for old women.

*Lachesis*. Acts four to five weeks.

Antidotes: Ars., Bell., Merc., Nux-v., Phos-ac., heat, alcohol, salt.

Complementary: *Lycopodium*.

Useful in women during climacteric period.

*Laurocerasus*. Acts four to eight days.

Antidotes: Camph., Coff., Ipec., Opium.

Painlessness with the ailments.

*Ledum-palustre*. Acts three to four weeks.

Antidote: Camph.

Led. antidotes: Chin., Alcohol, bee stings.

*Lycopodium-clav.* Acts forty to fifty days.

Antidotes: Acon., Camph., Caust., Cham., Coff., Graph., Puls.

*Lycopod.* antidotes: Chin., but follows well after Calc. or *Lachesis*.

Complementary to Iodium.

Often useful in old women, persons of keen intellect, but feeble muscular development; lean and predisposed to lung and hepatic affections.

*Magnes-carb.* Acts forty to fifty days.

Antidotes: Chamom., Rheum.

Mag-c. in large doses antidotes Acetic acid.

Complementary to Chamom.

Nervous, irritable temperament; children.

*Magnes-mur.* Acts forty to fifty days.

Antidotes: Camph., Chamom.

Women: especially hysterical, with uterine affections. Children during dentition.

*Manganum-acet.* Acts over forty days.

Antidote: Coffea.

*Marum-verum.* Acts two to three weeks.

Antidote: Camph.

*Menyanthes.* Acts two to three weeks.

Antidote: Camph.

**Mercurius.** Acts two to three weeks (Antisymphilitic).

Antidotes : Hepar, Kali-hydr., Nitr-ac., Aurum, Carb-veg.,  
Mezer., Sulph., Iod., Guaiac., Dulcam., Chin., Staphis.,  
Ferr., Bell., Laches., Calc-c., Opium.

Mercur. and Silicea do not follow each other well.

**Mercur-cor.**

Antidote : Silicea.

**Mezereum.** Acts forty-five to fifty days.

Antidotes : Calc-c., Nux-v., Mercur., Camph.

Mezer. antidotes : Mercur., Nitr-ac., Phosph.

Phlegmatic temperament.

**Moschus.** Acts one day.

Antidote : Camph.

**Muriatic acid.** Acts over five weeks.

Antidotes to large doses : Carbonate of Soda, Potassa, Lime  
or Magnesia ; small doses : Camph., Bry.

Mur-acid antidotes : Opium and cures muscular weakness  
from excessive use of Opium.

**Natrum.** Acts thirty to forty days.

Antidote : Camph.

**Natrum-carb.**

Antidotes : Camph., Nitr-spr-dulc.

Natr-carb. antidotes : China.

**Natrum-mur.** Acts forty to fifty days.

Antidotes : Nitr-spr-dulc., Phos., Arsen.,

Natr-mur. antidotes : Argent-nitr., Chin-sulph., bee stings.

Complementary : Apis.

**Nitrum.** Acts over six weeks.

Antidote : Nitr-spr-dulc.

Camph. increases the pains.

**Nitric acid.** Acts for over forty days.

Antidotes : Calc-c., Camph., Hep., Merc., Mez., Sulph. ; Al-  
kalies, Soap, Magnesia.

Nitr-acid antidotes : Calc-c., Digit., Merc.

Complementary ; Calad.

Inimical : Lachesis.

Nitr-ac. is especially active after Kali.



**Nux-mosch.** Acts six to eight days.

Antidotes : Semen-capi, Gels., Lauroc., Nux-v.

Nux-mosch. antidotes : Ars., Rhodo., Lauroc., inhalations of Mercury, lead colic.

Suits mostly women and children and the aged.

**Nux-vom.** Acts ten to twelve days.

Antidotes : Acon., Camph., Cham., Coccul., Coff., Puls., Wine, Alcohol.

Nux-vom. is an antidote to : abuse of aromatics, drastics, hot medicines, narcotics, bad effects of coffee and alcoholic drinks.

Complementary : Sulph.

Inimical : Zinc.

Suitable for thin, irritable, choleric persons with dark hair, who make great mental exertions or lead a sedentary life.

Debauchers, who are irritable and thin.

**Oleander.** Acts three to four weeks.

Antidote : Camph.

**Opium.** Acts only a few hours.

Antidotes : Strong Coffee, Bell., Ipec., Nux-v., Vinum, Vanil-arom.

Opium antidotes : Bell., Digit., Lach., Merc., Nux-v., Strychnia, Plumb., Stram., Tart-emet.

Especially suitable for children and old persons. Frequently suited to persons addicted to liquors.

**Paris quadrifol.** Acts two to four days.

Antidote : Camph., Coff.

**Petroleum.** Acts forty to fifty days.

Antidote : Nux-vom.

Petrol. antidotes : Lead poisoning.

**Phosphorus.** Acts over forty days.

Antidotes : Nux-v., Coff., Tereb., Camph., Vinum.

Phos. antidotes : Tereb., Rhus-ven.

Complementary : Ceba, Ars.

Inimical : Causticum.

Tall, slender (slim) women, disposed to stoop. Nervous, weak ; grow too rapidly.

**Phosphoric acid.** Acts over forty days.

Antidotes : Camph., Coff.

Bad effects from growing too rapidly, as if beaten in back and limbs.

**Phytolacca decandra.**

Antidotes : milk and salt ; Ignat., Sulph., Opium.

**Platina.** Acts five to six weeks.

Antidotes : Puls., Nitr-spr-dule.

Platina antidotes bad effects of lead.

Especially suited to women with dark hair, rigid fibre.

**Plumb.** Acts three to four weeks.

Antidotes : Alumen, Alum., Opium, Petrol., Nux-vom.,

Platina, Anti-crud., Coccul., Zinc.

[Alcohol may be used as a preventive.]

**Podophyl-pelt.**

Antidotes : Lactic-ac., Nux-vom.

Complementary : Salt.

Bilious temperament, especially after mercurialization.

**Psorinum.**

Antidote : Coff.

Scrofulous ; nervous, restless, easily startled.

Psoric constitutions ; especially when other remedies fail to permanently improve.

Lack of reaction after severe diseases.

Pale, sickly, delicate children.

**Pulsatilla.** Acts eight to fourteen days.

Antidotes : Chamom., Coff., Ignat., Nux-vom.

Puls. antidotes : Chin., Ferr., Sulph., Sulph-ac. Vapor of Mercury or Copper, Coff., Cham., Bell., Colch., Lycop., Platin., Stram., Sabad., Ant-tart.

Complementary to Puls. : Lycop., Sulph-ac.

Sandy hair, blue eyes, pale face, inclined to grief and submissiveness ; easily moved to tears or laughter. Often indicated with women and children.

**Ranunculus-bulb.** Acts four to six weeks.

Antidotes : Bry., Camph., Puls., Rhus.

Inimicals : Alcohol, Nitr-spr-dule., Staph., Sulph., Vinegar, Wine.

*Ranunculus-scel.* Acts five to six weeks.

Antidote : Camph.

*Rheum.* Acts two to three days.

Antidotes : Camph., Cham., Coloc., Merc., Nux-v., Puls.

Complementary : Magnes-carb.

*Rhododendron.* Acts five to six weeks.

Antidotes : Bry., Clemat., Rhus, Camph.

*Rhus-tox.* Acts three to six weeks.

Antidotes : Bell., Bry., Camph., Coff., Crot-tig., Sulph.

Rhus antidotes : Bry., Ranunc., Rhododendron, Tart-emet.

Complementary : Bry.

Inimical : Apis.

*Ruta-graveolens.* Acts eight to fourteen days.

Antidote : Camph.?

Ruta antidotes : Mercur.

*Sabadilla.* Acts three to four weeks.

Antidotes : Camph. (?), Puls.

Children ; old people. Light hair ; muscles lax.

*Sabina.* Acts three to four weeks.

Antidote ; Puls.

Chronic ailments of women ; arthritic pains, tendency to miscarriage.

*Sambucus.* Acts three to four hours.

Antidotes : Ars., Camph.

Samb. antidotes : Ars.

Scrofulous children ; people formerly fat and robust become emaciated.

After violent emotions, grief, anxiety, or excess in sexual indulgence.

*Sanguinaria-can.*

It antidotes Rhus-radicans.

*Sarsaparilla.* Acts over five weeks.

Antidotes : Bell., Merc.

Vinegar appears at first to increase the effects of Sarsap.

*Secale-cor.* Acts two to three weeks.

Antidotes ; Camph. (Solan-nig.).

Similar to Ars. but heat and cold act oppositely.

Irritable, plethoric subjects. Women of very lax muscular



fibre ; feeble, cachectic, thin, scrawny. Old, decrepit persons. Nervous temperament.

*Selenium.* Acts five to six weeks.

Antidotes : Ignat., Puls.

Incompatible : Chin., Wine.

*Senega.* Acts over four weeks.

Antidotes : Arnic., Bell., Bry., Camph.

*Sepia.* Acts forty to fifty days.

Antidotes : Vegetable acids, inhalations of Nitr-spir-dulc. is the most powerful antidote ; Anti-crud., Anti-tart., Acon.

*Sepia* antidotes : Calc-c., Chin., Merc., Phos., Sarsap., Sulph.

Incompatible : Lachesis.

Especially suited to persons with dark hair, for women and particularly during pregnancy, in child-bed and while nursing.

*Silicea.* Acts forty to fifty days.

Antidotes : Fluor-acid., Hep., Calc-s-c., Camph.

*Silicea* antidotes : Sulph., Mercur., but does not follow the potentized Merc. well.

Complementary : Thuja.

Especially suitable for children with large heads, open sutures ; much sweat about the head ; large abdomen.

Nervous irritable persons, with dry skin, profuse saliva, diarrhœa, night-sweats.

Weakly persons, fine skin, pale face, light complexion ; lax muscles.

Scrofulous diathesis.

Rachitic, anæmic conditions : caries, over-sensitive, imperfectly nourished from imperfect assimilation.

Stone-cutters ; chest affections, and total loss of strength.

*Spigelia.* Acts three to four weeks.

Antidotes : Aur., Coccul., Puls., Camph.

*Spongia.* Acts three to four weeks.

Antidote : Camph.

*Squilla.* Acts two to three weeks.

Useful after Bry.

*Stannum.* Acts over five weeks.

Antidote : Puls.

Stan. follows well after Causticum.

Complementary : Puls.

*Staphisagria*. Acts three to four weeks.

Antidote : Camph.

Staph. antidotes : Merc., Thuja.

Incompatible : Ran-bulb.

*Stramonium*. Acts one-half to one day.

Antidotes : Bell., Hyos., Nux-v.; against large doses : lemon-juice, senna, tobacco injections, vinegar.

Stramon. antidotes : ailments from vapor of Mercury, Plumb. Suitable for children, especially in chorea, mania, fever.

Young, plethoric persons.

*Strontiana*. Acts over forty days.

Antidote : Camph.

*Sulphur*. Acts forty to fifty days.

Antidotes : Acon., Camph., Cham., Chin., Merc. (Nux-v.), Puls., Rhus-tox., Sepia.

Sulph. antidotes : Chin., Iod., Merc., Nitr-ac., Rhus-tox., Sepia; ailments from the use of metals generally.

Complementary : Aloe-soc.

Sulph. is especially suited for lean, stoop-shouldered persons.

It frequently serves to rouse the reactive power of the system, when carefully selected remedies have failed to produce a favorable effect, especially in acute disease.

*Sulph-acid*. Acts over four weeks.

Puls is an antidote and also complementary.

Sulph-ac. antidotes the bad effects of lead-water.

Frequently indicated for old people, particularly women.

Light-haired people.

Flushes of heat in climacteric years.

*Tabacum*.

Antidotes : Ars., Ipec., Nux-v., Phos., Ignat., Puls., Clemat., Sepia, Lycopod.

Plantago-maj. has often caused an aversion to tobacco.

*Taraxacum*. Acts two to three weeks.

Antidote : Camph.?

*Terebinth*. is antidoted by Phos.

*Thuja*. Acts three weeks.

Antidotes : Cham., Coccul., Camph., Merc., Puls., Sulph.

Thuja antidotes : Iod., Merc., Nux-v., Sulph., Thea.

Valeriana. Acts eight to ten days.

Antidotes : Camph., Coff., Puls.

Valerian. antidotes : Cham.

Nervous, irritable, hysteric individuals.

Veratrum-alb. Acts five to eight days.

Antidotes : Acon., Camph., Chin., Coff.

Veratr. antidotes : Ars., Chin., Cuprum, Fer., Op., Tobacco.

Lean, choleric, or melancholic persons ; Anæmia ; Children.

Veratrum-vir.

It antidotes spasms from Strychnine.

Full-blooded, plethoric persons.

Verbascum. Acts four to eight days.

Viola-odorata. Acts two to four days.

Antidote : Camph.

Viola-tri. Acts eight to fourteen days.

Antidote : Camph.

Zincum. Acts thirty to forty days.

Antidotes : Hepar, Ignat., Camph.

Incompatible : Cham., Nux-v.

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## THE DYNAMIC FORCES OF THE HOMŒOPATHIC REMEDIES.

(Extract from proceedings of late meeting I. H. A. First day's session.)

Dr. Rushmore—I should like to ask some of our German members whether the word spirit-like or spiritual best gives the sense of the German word used by Hahnemann. Perhaps this would rescue him from the transcendental philosophy applied to him by Dr. Wilson in his paper.

Dr. Wesselhœft—I think it should be spirit-like and not spiritual. This mistake has been made in several translations of the *Organon*, notably in Conrad Wesselhœft's. We should not understand it as pertaining to anything in the line of mysticism. Spirit-like and spiritual are certainly different, yet the difference is very difficult to express. I think that spirit-like



refers to the refined and etherial nature of potentized matter, the particles of matter are in a spirit-like form, while the word spiritual excludes altogether the idea of matter.

Dr. Butler—Does not the word spirit-like imply that the whole subject is rather an hypothesis than an actual entity?

Dr. Wesselhœft—There is a point which is interesting to note and which bears upon the action of our remedies, and that is that, although we must select our remedy by the law of similars, the curative action which follows has nothing to do with making another or a similar disease. Dr. Hering used to say that that explanation of Hahnemann's as regards the action of medicine was all wrong; that the indications for a remedy were drawn from the law of similars, but according to that very law the action or effect of the remedy must be contrary. Here we have the line of the action of a disease from one point to another, or the picture of the disease, so to speak, a remedy is selected according to that line, and when these two forces meet they meet as opposites and oppose each other. They do not push along in the same direction, but opposite. Hahnemann's explanation never satisfied me, and I think Dr. Wilson's paper may throw some light upon it.

Dr. Hawley—I should like to ask Dr. Wilson how he escapes the charge of mysticism by simply giving new names to old things. Is not conservation of energy equally mystical to spirit-like force; the difference is only one of terms as it appears to me.

Dr. Butler—Dr. Wilson not being here, of course I do not know how he would answer this question. We must remember that Hahnemann lived sometime ago, and a great many changes have taken place since he died. Indeed, it is astonishing to note how many terms, phrases, and theories there are in medicine to express the same thing. What Hahnemann meant by spirit-like force I do not know, but I suppose that it corresponds very nearly to what is to-day known as energy. Spirit-like force was to him spirit-like in that it had nothing material in it; nowadays we have abolished that word and use the phrase conservation of energy instead.

What he called force we call energy. I think, that perhaps the differences we have in these abstruse subjects are rather in the expression of ideas than in the ideas themselves.

Dr. Hawley—We should be instructed if we had a list of the different words which in times past have been used to express the same idea. We have done away with the word force, and we shall have to do away with the word spirit. I care not whether you call it force, or spirit, or conservation of energy, but I am certain that our art of healing is one of the most substantial things we know anything at all about. We take healing power out of *Nux vomica* and find it still in the sugar or in the alcohol used to develop it. The curative force of *Nux vomica* is in the sugar or alcohol; in their potentized state, I have no doubt but that these forces are allied to electricity or magnetism; like forces attracting and dissimilars repelling. The force residing in the potentized medicines perhaps attracts diseased forces similar to itself from the sick, and thus leaves the organism free to go on in its proper way.

Dr. Fincke—The remedy must be similar with the disease in order to cure. This also applies to magnetism, electricity, and all curative forces. Spirit-like does not refer solely to material things, because it refers to that refined dynamic power residing in drugs which when applied according to the law of similars restores the life force of a sick person to its normal action. Still, we must remember that it is the life force which restores health, the remedy only enabling it to do so, probably, by removing some misdirected action. This life force has nothing in common with pure matter, and the force in the remedy which acts upon it has but little in common with pure matter, hence the term spirit-like. It is something like spirit, because it is so refined, rarified and etherialized, yet it is not spirit itself, and I do not think we need find any fault with either the word or the idea.

The life force of Hahnemann has been ruled out by modern philosophers; with them there is no such thing, but the physical form acts by its own properties, matter moves by virtue of something inherent in it, and so they have come to the con-

clusion that there is no spirit, but Hahnemann's philosophy rests upon a spiritual basis.

Dr. Kent—If we knew what spirit is and vital energy is we would have no difficulty in understanding a good many things that are dark to us now. I have never seen a spirit, and I know it is hard to find words and synonyms with which to express ourselves. We come the nearest to knowing what it is like, by knowing that it is not matter in its usual material, palpable form, and by reflecting upon its extension in our potencies. It is certainly difficult to distinguish between spirit-like and spiritual. Probably the latter word would have been good enough for us were it not supposed, in the popular mind, to have some connection with modern spiritualism, a thing to which we object.

If there were no such thing as modern spiritualism, I do not suppose any one would have raised objections to the word spiritual. Probably as good a thing as we can do on this subject is to understand that we do not understand, and that is arriving at something of a conclusion.

Dr. Carleton—Dilution and attenuation are words I do not like to hear. I have some very deep-rooted prejudices in my make-up, and among the strongest I have are those against these words. Potency and dynamizations are the proper words, and I do not think I heard them in the doctor's paper. I am not much of a philosopher, but allow me to say that I believe in Hahnemann every time.

Dr. Thomson—Some here seem to have trouble as to the existence of spirit, and one gentleman has said he has never seen a spirit. Why, as I look around me in this room, I see a great many spirits. It is the spirit within the man that thinks and acts. It is the spirit that moulds the body and makes the infinite varieties of the human form. Matter, in itself, is dead and inert, and all force comes from the spiritual that vivifies it. The distinction between these two is the distinction between Allopathy and Homœopathy; the first is dead and lifeless, while the latter is a vivifying force, and its object is to rid this poor body of flesh of its disease by a proper application of that force.



Dr. H. C. Allen—I was much pleased with Dr. Wesselhœft's distinction between spiritual and spirit-like. I think he hit the nail pretty nearly on the head. The terms certain and sure present a similar distinction. I am sure the sun will arise. I am certain it has arisen.

Dr. Butler—In regard to the words dilution and attenuation, neither Dr. Wilson nor I have any apology to make. They are pharmaceutical words and perfectly proper in their place.

At this point Dr. Butler read a paper on the Vital Force. Upon its conclusion, Dr. Fincke said Hahnemann certainly knew much about the subject of this paper, and I wish to refer you to the *Organon*, from the ninth to the fifteenth sections of the fifth edition, where you will find what he made of this subject. He was by no means a theorist, but was eminently of a practical nature; he did not go at all into metaphysical explanations, nor did he attempt to explain what spirit was or what life was. He founded Homœopathy upon the rock and foundation of experience and experiment.

He lays down the life force as the foundation of the healing art, and there is none in the world who can gainsay or oppose that, without stultifying themselves and making a physico-chemical school.

Hahnemann has taught us how, by a simple and beautiful process, we can evolve a spirit-like force from crude substances which is able to influence the vital force and so cure disease. He concluded, from observation, that they must be similar, and thus arose that beautiful generalization, standing upon the firm foundation of experience and experiment, which no one is able to overthrow.

You can't see this spirit-like force, you can't touch it, you can't feel it, but it is there. Has a force ever been seen by any one? You see motion, but you do not see force, you see the effect; and so we cannot see this spirit-like force, but we can see its effect in curing disease.

According to the laws of motion, philosophers say that matter cannot move unless impelled by some force. Therefore, matter is inert and lifeless, and, if inert and lifeless, how can

it, in itself, have all these properties and qualities? So there must be a force residing in matter which we develop by the simple and beautiful process of dynamization in our potencies, and which is able to act upon the life force so as to aid it in curing. There is not a crude substance on the earth that has not a medicinal quality, if we can draw it out; even the most inert substance will develop enormous medicinal power if we potentize it.

Dr. Clausen—Where is there a material substance, in nature, whose particles have not been brought together, or are not continually held together by some immaterial spirit-like force? The soul is that immaterial part of man which clothes itself with flesh; it is that spiritual force which draws and holds the atoms together which make the human form. Just so, but without any self-consciousness, there exists, in earths, soils, and plants, an immaterial spirit-like force which holds their particles together and gives each kind of earth, soil, and plant its individual identity. The force, for instance, existing in *Silex* is always the same, distinct and individual, and by the process of dynamization we bring that force into an accessible condition, and, by the law of similars, apply it to the removal of diseased conditions.

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### ECZEMA.

WM. STEINRAUF, M. D., ST. CHARLES, MO.

It was in the fall of 1881 that a young man left the State of Missouri and moved to a country town in Illinois. His health before this time was all that could be desired. The following summer he had a peculiar breaking-out on the face of small pimples filled with an offensive-looking and offensive-smelling matter. A slight itching sensation accompanied the pimples. The trouble began sometime in July and lasted till sometime in November. The following summer eczema appeared on the left side of the face that was very annoying, and by scratching was carried to the right side of the face, the neck, and the scrotum. He was treated by all known systems, but all to no

purpose. No remedy or external application received at the hands of the best physicians of all schools had any effect in either relieving or curing the patient. Chloroform was generally always inhaled at night in order to procure sleep. Nothing did any good. In the fall all would be well, although after shaving the face would be intensely sensitive for a few hours. Thus the patient lingered on from year to year, a living monument of the physician's inability and ignorance. The scratching indulged in was something frightful to behold. Hot water freely applied to the face was about the only thing that would, for the time being at least, assuage the trouble. The only medicated external application to do any good was recommended by a lady friend. It consisted in steeping the green leaves of the deadly nightshade in hot milk and freely bathing the face in it. I found on examining this weed that it was not the deadly nightshade properly speaking, but only a species of it, the *Solanum nigrum*. This grows wild all over our Western States in fence corners, dark and moist places.

The face at times would swell up enormously, giving the man an awful appearance. In the intense agony ice was applied one evening and did, indeed, soothe the sufferer wonderfully, but the next morning matters were worse than ever. The eyes were closed and the itching intensified. The patient, after thus suffering for over seven years, talked of a change of climate.

For several years he had noticed that when going to the timber, coming in contact with weeds of any kind, climbing a tree, or going up in the hay-loft his eczema would get much worse. But as all these conditions occur more or less in every case of eczema, the remedy could not be found in this direction. All the known remedies for eczema were tried in his case, the symptomatology compared, and medicines, high and low, given, but the result was *nil*.

But there is a saying that shortly before day the night is blackest, and when the trouble is greatest help is nearest. So it happened here.

The young man had noticed that by remaining home nights there would be less troublesome itching, and he had further



noticed—and this was considered an item of importance—that in going to the barn about ten o'clock at night to see if all was well with the stock he would have to pass a large bunch of deadly night-shade, when the itching would be very much worse.

Seeing that the patient always got relief by steeping the green leaves of the deadly night-shade in milk and freely bathing the face in it, might it not be possible that the dynamized drug of this place could cure the patient? Although there is no proving of the Sol-nig. as far as I know, I was willing to try and see the result. I wrote to Dr. Swan for the DMM of the Sol-nigrum and the man took one dose every four hours till four doses had been taken, with the result that within one week the eruption and the itching were gone and the sufferer of eight years was cured. Two years have now elapsed and there is no recurrence of the trouble.

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### PUERPERAL CONVULSIONS.—A CASE.

W. A. YINGLING, M. D., NONCHALANTA, KANSAS.

On January 20th, 1889, at twelve, noon, I was called to wait upon Mrs. G., a strong, apparently healthy and vigorous woman, of close, firm fibre; saucy, lively, and determined to bear her ordeal without fear or murmur. Being a primipara I expected a tedious, slow case, but at the commencement I had no idea I should have a case occurring but once in more than five hundred parturitions. I found her more or less anxious and uneasy, yet heroically laughing and joking to keep up her courage. Two old ladies were present as assistants, neither versed in the science of midwifery, and ignorant of everything professional except "teas and yarbs."

Upon examination I found the parts dilating, but was unable to reach the child. I apprehended tediousness, but kept my own counsel, concluding to do the best thing possible, to wait. I could not determine a transverse presentation. Whilst waiting, as is my custom, I refreshed my memory on all possible

contingencies. After several hours, the pains coming every fifteen or twenty minutes, I made another examination and found I could just reach the head of the child. The presentation was normal except face upward toward the pubes. Progress was very slow; patient uneasy, but confident; the bag of waters normal; the assistants urging teas and relating yarns; myself anxious and foreboding, yet cheerful. I administered *Gelsemium*, from indications, but to no use, yet the pains were some stronger. About one o'clock the next morning, after thirteen hours of labor pains, I found the child had entered the lower straits and I hoped for a speedy termination of the case. The patient was strong, courageous, and still hopeful, for she had the utmost confidence in her attending physician. I noticed about two A. M. that she was inclined to be drowsy, and began to talk foolishly, especially in calling upon her attendants, with a silly expression; her face flushed; quite nervous and anxious. I gave her a dose of *Cimicifuga-race.*, which seemed to quiet her somewhat.

I was twenty-five miles from any other physician; help was impossible. I had no instruments with me, for I had never, in all my practice, had occasion to use them. I always endeavor to assist nature, *wait*, and have found the indicated remedy sufficient in every case without the use of instruments, except this one. I know many homœopathic physicians claim the remedies are inadequate to meet severe cases, and that adjuncts and instruments are absolutely necessary. But I find such non-homœopathic adjuncts are useless, and instruments are needful in the very exceptional cases. I have never lost an obstetrical case out of very many, and have never used anything but homœopathic remedies. This case proves the homœopathic weakling in error, and that "little pills" have and can cure the severest case of puerperal convulsions.

At five A. M., I noticed the muscles of the face and mouth twitching; the eyes gradually rolling back, tremulous and dilated; the head drawing to the left and backward; foaming at the mouth; general muscular twitching. The crisis had come. The attendants in consternation and helpless. I am glad to say

that in this trying ordeal I was cool and self-possessed. I at once called for a spoon to save the tongue, and placed the cooler attendant at the head to use it to the best advantage. I placed a drop of *Bell.*<sup>3x</sup> on the tongue during the spasm. The spasm was very severe, lasting several minutes. When she came out of the spasm she was bewildered, without knowledge of the occurrence of the convulsion. The pains held off for some time, but finally came, and with them another convulsion, but not so severe nor as long as the first one. I gave another dose of *Bell.*<sup>3x</sup>.

It was impossible for me to remove the child by hand, though I tried at different times. On the first appearance of the crisis I had dispatched a runner for instruments; distance, five miles. During the absence of the runner the *Bell.* had controlled the case, so that only three spasms had occurred, each lighter. Being so long time in labor, and the case so severe, without any assisting physician, and concluding the child must be dead, I determined to perform craniotomy.

I first, however, applied the forceps and found that I could not remove the child in that way without danger to the mother. During the operation the patient had a very severe and long continued spasm, but I hastened as much as possible and delivered her of a very large girl baby, dead, of course. I administered another dose of *Bell.*<sup>3x</sup> on the tongue. She had but one more spasm, a light one, making five in all. *Bell.* was the only remedy given, and controlled the case. To add to the fear of the friends, a very profuse and bright red hemorrhage set in, with pallor of the face. I could not get subjective symptoms, but had to prescribe from the appearance of the flow. One single dose of *Ipecac*<sup>3x</sup> at once checked the flow without a recurrence.

The patient progressed finely, without knowledge of the events, nor of the child (until told afterward), and in ten or twelve days was up and around, apparently as well as if she had had a natural labor. I expect another call to the same lady soon.

This case proves that Homœopathy can cure such severe cases. I am sorry I did not have the higher potency to try, but I am



just beginning to see the value of them, yet not using them extensively. I may yet become a high-potency man, for I am *honest*, and will investigate. I am on the fence with one leg over on the side of high potencies, and body leaning that way.

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## PUERPERAL CONVULSIONS.

CHARLES P. BEAMAN, M. D., CHATTANOOGA, TENN.

August 12th, was hastily summoned at four P. M. to see a Mrs. W., who the messenger said was "taken bad with fits."

Upon my arrival the patient had just recovered from her second convulsion, during which she had bitten the tongue, it being greatly swollen, rendering intelligible speech impossible. She was about to be confined with her second child, and the nurse said had been complaining of considerable pain about the abdomen for a day or two, but "This morning had been took bad with a terrible pain in her head, and I hain't heared her say nothing about those stomach pains since." This was all I was able to learn about the case—the patient could tell me nothing; so I concluded to watch her through another convulsion before prescribing, giving a placebo at once for the benefit of the neighbors. I had not long to wait; presently there was twitching of the hands and arms, slight at first, but gradually becoming more decided; then a similar twitching of the muscles of the face; then of the lower limbs; the eyelids opened and shut spasmodically, when suddenly the whole body became rigid for an instant, then twitched and jerked so violently that the room fairly shook, fingers clenched, but not upon the thumbs, face horribly swollen and almost black, eyes wide open, pupils dilated and insensible to light, tongue partially protruded and blue, froth and bloody saliva running from mouth; neck and parotid glands greatly swollen; *hot perspiration* all over the body. Presently there was a momentary cessation of breathing followed by quick, short gasps, then labored respiration; short inspiration, and long, loud, blowing expiration.

This condition, after thirty-five minutes, lapsed into a heavy, stertorous sleep.

An examination per vaginam during this attack revealed the fact that the uterus did not participate in any degree in these muscular spasms, but remained perfectly passive, the os soft and dilated about the size of a half dollar. I could see nothing but *Opium* for this case, so, dissolving *Op.<sup>cc</sup>* in a little water, gave two teaspoonfuls every ten minutes until she had three doses. In about an hour her restlessness at intervals led me to place my hand upon the abdomen, when I discovered there were weak but tangible uterine contractions.

In five hours from last spasm another one came on with same symptoms as before, but less violent, and lasted but eighteen minutes, after which uterine contractions continued about as before.

In three hours another spasm, rather more severe than the last, and of twenty-five minutes duration.

I now administered *Opium<sup>dmm</sup>* (Swan), one dose dry. In one hour the patient was breathing quite naturally, would awaken during each pain, which were now more frequent and severe; she seemed perfectly conscious and would drink water or a little oatmeal gruel with apparent relish. Soon she attempted to get out of bed as each pain came on to use the vessel; this symptom became such a marked feature, and as the pain seemed lacking in expulsive force, I gave *Nux-vom.<sup>cc</sup>*, the effect of which was speedily apparent; in another hour she gave birth to a fine big boy, and the labor terminated normally in every respect. The patient has since made a good recovery, no more medicine being given except a dose of *Arnica<sup>cc</sup>* after confinement to relieve the intense soreness.

She says that she has not the slightest recollection of anything that occurred during her sickness—it is all a blank to her.

Can the "*mongrels*" or "*regulars*" show such quick and positive results with their methods of treatment? I think not.

After the second dose of *Opium* scarcely a symptom appeared that caused me any apprehension.

## NOVEL CASES OF POISONING.

**TWO CASES OF POISONING WITH NATRUM NITROSUM.** BY DR. COLLISCHORM.—Two patients received by mistake *Natrum nitrosum* 5.0 : 150.0 pro dosi instead of *Natrum nitricum*, a tablespoonful every hour. The first patient was attacked with diarrhœa, fainting, bitter eructations, heavily coated tongue, slight cyanosis, and on the chest an eruption simulating roseola syphilitica; the urine contained traces of albumen; during the night copious, alvine discharges with faintishness. During the next day—he took so far 3.0—intensive cyanosis set in, especially of the mouth, tongue, and fauces; the eruption spread to the thighs and abdomen. The dark-yellow urine contained copiously urates. The following day he took 2.5 grm., the cyanosis diminished, and the measly exanthem spread all over the body, excepting the face. As soon as the drug was left off, cyanosis and all other troubles disappeared. The second patient had the cyanosis; diarrhœa and faintings in an aggravated form, so that collapse threatened. Large quantities of strong coffee and omission of the drug removed the symptoms of poisoning. Both cases clearly showed the symptoms of acute gastro-enteritis and the formation of methæmoglobine; the absence of any renal disturbance was noticed, and it seems probable that the salt is rapidly carried through the kidneys and discharged by vomiting and diarrhœa, hence the rapid disappearance of the dangerous symptoms.—*Centralbl. f. Kl. Med.* 16, '90.

**POISONING BY POTATOES.**—Surgeon Cortial received during two days over a hundred soldiers into the hospital, and all complained of headache, dilated pupils, visual disturbances, colic, diarrhœa, epigastric pains, thirst, fever, dizziness, nausea, perspiration, spasms. Suspecting poisoning by food, it was soon found that the purveyor delivered instead of new potatoes old ones full of excrescences. Such shoots and green potatoes contain too much solanin. The soldiers were sick from four to eight days. The first symptoms appeared eight to ten hours



after the meal, and milk-diet was the only treatment employed. —*Centralbl. f. Ther.* 3, 1890.

POISONING BY OYSTERS.—At Minragun, in Japan, whose inhabitants live mostly on fishes, lately appeared such an extensive mortality that the government sent a commission there to find out its cause. Shortly before the epidemic appeared the fishermen discovered a new oyster-bed, and every one partook of the feast, raw or cooked. Experiments with these oysters demonstrated that they act as a poison on animals, and chemical analysis proved it to be tyrotoxine. A few years ago a similar fatal epidemic devastated Wilhelmshafen, and it was found that the bed was on a spot where the detritus of the city emptied itself into the river, and that the oysters or mussels could be made edible again by transplanting them into pure and healthy water. *Sublata causa tollitur effectus.*—*A. M. Centr. Zeit.* 32, '90.

Powdered charcoal mixed with brandy, strong black coffee mixed with the juice of half a lemon (a capital prescription also in some malarious intermittents), vinegar and water in equal quantities are highly praised as antidotes. Still I cured cases of poisoning by mussels with Carbo-vegetabilis 30th or 200th potency in water, a dessertspoonful every five or ten minutes.

S. L.

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## ULCERS.

A. McNEIL, M. D., SAN FRANCISCO.

(Bureau of Surgery, I. H. A.)

I will not weary you with definitions or descriptions of the varieties of ulcers, for these you already know. I will only give my views on the treatment of them. And in this I have nothing new to offer, only that laid down by Hahnemann. Any one who treats ulcers without keeping the psoric theory in his mind may perhaps get the credit of curing them, but he will in the end do more harm than good. In fact, he will relieve his patient of an annoyance, perhaps a painful one, and bring in something instead that will be much more distressing and perhaps fatal.

All kinds of external treatment, either operative or medicinal, are unnecessary and hurtful. No skin-grafting, stropping, astringent or, in fact, any medicinal salves or ointments should be permitted. When the indicated remedy has set the *vis medicatrix naturæ* at work she needs no external aid. And when the ulcer heals under this treatment it is because the psora, scrofula, or whatever name you may give it, is eradicated from the system.

As an evidence, I recall the first ulcer I treated. The patient was a woman, "fair, fat, and forty," who had all of her menstrual life been afflicted by an indolent ulcer on her leg or cardialgia. *Never both at once.* As long as the ulcer was open she enjoyed, with that exception, vigorous health. But always soon after it was healed, and it had been done many times by external treatment, she was attacked by the most violent and persistent colics I have ever witnessed. Is it reasonable to believe that she had two distinct diseases that never happened to attack her simultaneously? Or did she have only one disease which manifested itself in two distinct ways? I firmly believe the latter, and when nature was able to keep it on the surface, which she could do when not foiled by irrational interference, she had to suffer it to attack the nerves of the stomach.

It was necessary in making up the totality of the symptoms to include both those of the stomach and those immediately relating to the stomach. Calc-carb. covered both classes of symptoms, and given high relieved her of both for several years, when the ulcer again broke out and the same remedy produced a speedy and permanent cure.

Let me present a kindred case treated the other way. It was related by a physician who prefaced his treatment by saying, "I am a good homœopath." A child was brought to him with an aural polypus which had once been removed by the forceps. He did the same with caustics. Twice more at intervals it returned, to be again treated in the same way. It did not reappear after the fourth time, but instead indications of a long-continued abscess of the internal ear and the mastoid process. Cerebral symptoms followed, and death ensued. A post-mortem was

held, and the astonishment of those present was great at seeing how life had continued with so great a necrosis of the bones of the ear and adjacent parts. My astonishment was equally great at witnessing the nonchalance with which he related how through his ignorance he had caused the death of a human being. "Where ignorance is bliss 'tis folly to be wise."

The vital question remains: How to cure ulcers? Hahnemann has already given us directions as to the mode of examining patients that has never been improved. Follow them carefully and conscientiously, and when that is done, as he has told us, the most difficult and important part is done. Do not venture to make an off-hand prescription unless it is one of those exceptional cases in which characteristic symptoms stand out plainly and it is not possible for another remedy to be the one. As aid in studying out the remedy there are no better ones than Boenninghausen's *Pocket-book* and Gilchrist's *Surgical Diseases*. Use one, or better, both. With these and a fair amount of industry all ulcers may be cured, safely, pleasantly, and permanently.

Dr. J. T. Martin, of Woodland, California, reported a cure of necrosis of the tibia at the last meeting of the I. H. A. The bone lay bare and black, entirely denuded of periosteum to the extent of four and a half inches in length by over an inch in breadth. The most noted allopaths of the Sacramento Valley had tried and failed. He called me in consultation, and we agreed on Silicea, and in one year and a half, with eight or ten doses of that remedy high, the case was cured and the bone was covered by its normal coating, while the patient's general health was fully restored. The doctor carried out faithfully the plan of treatment agreed on. I might cite other cases, but I doubt not that all of you by strict Hahnemannian treatment have cured such cases.

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ULCERS.—Kali-bichrom: ulcers become deeper without spreading. They look as if cut with a punch. Nitric acid deep ulcers—especially chancres—with indurated edges.



## SOME PROVINGS OF MERC-IOD., CM, AND KALI-IOD., 2D (X TRIT.).

ELLA M. TUTTLE, M. D., NEW BERLIN, NEW YORK.

*Mind.*—Depressed, anxious about trifles.

*Head.*—A dull pain over the right eye. A sore aching pain over the right mastoid region extending to the ear, worse by pressure, by stooping, by jar, by thinking of it, better in the open air.

*Eyes.*—Lachrymation of the right eye, discharge bland, watery.

*Mouth.*—Smarting of the tongue. Dull pain in canine teeth on the right side.

*Throat.*—Burn in the left side of the throat extending to the stomach. Short, hacking cough caused by a feeling of irritation in the right side of the throat.

*Stomach.*—Nausea and cramping pains in the pit of the stomach.

*Extremities.*—Tired, aching pain on the outside of the left arm and forearm, extending to the fingers, followed by soreness and a feeling as if cold air were blowing on the arm, worse out-of-doors. Soreness of the anterior aspect of the thigh, as if it had been pounded. Tired feeling in the thigh.

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## BRIEF CONTRIBUTION TO THE ELUCIDATION OF SYPHILIS.

JOHN HALL, M. D., VICTORIA, B. C.

The writer does not consider himself as much of a surgeon, or that he has had a large experience in the treatment of syphilitic disease, for it is well known that any noise made about such maladies effectually deters many from consulting, fearing, as they do, that they may be classed among them, consequently a large number of those suffering in this manner keep away, making our practice limited.

Still, the disease must be met and treated. Sometimes in its most virulent forms, demanding the ablest skill of our very best men to do this successfully. One poor fellow who fell under my care was taken down with a phagedenic chancre, of which he was so ashamed and ignorant as to hope that it might get well of itself, allowing it to progress so rapidly that when first seen the diseased organ was almost destroyed, requiring two eminent surgeons to patch as best they could the terrible consequences which had ensued, so that, while the above is an extreme case, the calling attention to our treatment of this disease is extremely appropriate.

Some time since, Ricord stated before his class "that he would not consent to have the smallest chancre on his organ for the largest fortune which could be left him as an inducement" (a remark which can be fully confirmed by his writings), but giving, as the leading physician in Europe at that time in this malady his inability to treat or cope with it, that the primary abrasion was as likely to be followed by secondary and tertiary symptoms, descending even to offspring in its baleful effects as if no treatment had been followed. The opinion of this great man may be taken as a fair experience of his school, sentiments which we need not enlarge upon. The question is, Can our homœopathic knowledge do better? We cannot doubt that there is existing great diversity of opinion and practice on this question even among us—some asserting that Hahnemann himself hardly knew what he was treating; that he was ignorant of the distinction between an indurated and a phagedenic chancre, classing both conditions alike, which our more elaborate researches in diagnosis have made plain, but whatever view we take, the *treatment* is still the problem. Leaving, then, gonorrhœa for a future consideration, we have this query:

Is syphilitic poisoning subject or amenable to homœopathic treatment so that the secondary and tertiary symptoms may be safely and fully removed in such degree that no after ill consequences can follow?

The writer, as before said, has had only a limited experience to draw from, but from what has been thus revealed he is in-

clined to think that the infection after a hard chancre, which may be two or three weeks in developing—that is, before any ulcer or outward sign appears whereby the poison may be recognized—may require to be imitated, so far by the appropriate medicine as requiring some time for its action before repetition, while a soft or phagedenic chancre, which usually reveals itself some two or three days after exposure, may require a more frequent repetition, an observation which has been confirmed to the author several times, especially since the higher potencies were used.

The object of this paper is to concentrate the knowledge of able men on this subject, enabling us more readily to find the true remedy for each case, which cannot be very difficult in the primary stages, as they do not greatly diverge, and then when found persistently to go ahead.

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## VERIFICATIONS.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

**HYDROPHOBIA.**—Diseases that rarely tend toward spontaneous resolution, and in the treatment of which allopathy is acknowledged by its adherents to be of doubtful efficacy are daily cured by Homœopathy, and it is not only gratifying, but exceedingly beneficial to one's faith in the only *law* of cure to read of such cases as that reported by Dr. W. A. Yingling, page 400, in *THE HOMŒOPATHIC PHYSICIAN* of September.

Another such once made a vivid impression upon me. A boy of about nine years while teasing a "pet" rat was bitten by the "varmint" on the first finger of the left hand. I am sorry that my record does not state how long a time had elapsed before I was called in, but I found him, as I saw at once, horribly ill. Is it not the experience of all physicians that the first glance at some cases fills him with awe? I *felt* that I had an undesirable case in hand, and one that had not been too early placed under treatment. The boy could talk only with great difficulty; his teeth were not quite firmly locked, but he was conscious of an



almost momentary aggravation of the difficulty in separating the jaws; his neck was so stiff as to render any motion of the head almost impossible. With this was a nervous excitement and marked tremor of the body. I preferred *Hypericum* to *Ledum*, on account of there being more tenderness about the wound than its appearance would indicate, and gave him the 500th of Tafel's in water every fifteen minutes. This was about eight P. M., and his mother stated the following morning that he had been very feverish and restless till three o'clock, when, as he "looked" better and was sleepy, she did not give the medicine but about every two hours, when he moved or awoke. I found him sitting up in bed at nine o'clock amusing himself and his mother by opening and shutting his mouth and turning his head about, and quite indignant because he could not be up and dressed, which was allowed on the day following.

PAIN IN THE SHIN BONES.—Now, while in the line of verifications, may I be permitted to refer to page 421 of the same number? Dr. S. Mills Fowler thereon states as follows: " \* \* \* terrible pains in the shin bones. \* \* \* Hering gives as a characteristic of Lachesis, 'much pain of an aching kind in the shin bones only.' I have, three different times since the above observation, verified this symptom clinically, and have come to regard it as 'the red string' for Lachesis." Now, if you have Vol. VII of THE HOMŒOPATHIC PHYSICIAN before you, please turn to page 62 and read, in an article by myself a comment on this. But I see you have not, so I will copy it here: "Whenever I find a 'throat case' having these pains I say confidently to myself, either the left side of the throat is worse or the trouble has commenced there, and have *never failed to find it so*. Further than this, I have numbers of times been called to see a person suffering from and complaining mainly of those pains with fever (which had been preceded by a chill), and with slight huskiness or 'thickness' of the voice, who would not complain at all of the throat, or perhaps even assert that there was little or no trouble there. Looking, I would find marked ulceration or deposit, and always worse on the left side." I sincerely trust that

this will not come to the eye of an allopath, for I can imagine him asking what possible relation the pains in the shin bones have to the left side of the throat, and I could not, I am sure, tell him. But just here, where allopathy is a blank, Homœopathy places *Lachesis*, and the circuit is complete.

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## ERRORS IN DR. T. F. ALLEN'S *ENCYCLOPEDIA*.

### EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

I beg to acknowledge the receipt of the marked copy of your journal referring to the criticisms on the *Encyclopedia*.\*

The two provings to which reference was made are incorrectly placed, and are properly criticised, but it is right to state that the criticisms have hitherto been publicly made. Indium was known to have been incorrectly put under Iodium before the volume was issued, and a slip was inserted announcing the fact to the public. The first authority of Ant-t., belonging under Manganum, was corrected by me in the *North American Journal of Homœopathy* (I believe). The symptoms of both these provings are properly recorded in my hand-book, the Indium under Iodium and authority I of Ant-t. under Manganum. In the preparation of the hand-book all the errors of the *Encyclopedia* were laborously corrected so far as they could be ferreted out. There are errors enough, I am sorry to say, and my interleaved and marked copy of the *Encyclopedia* is entirely at the service of the profession whenever it wishes to have the corrected symptomology.

Your readers will easily understand that the preparation of such a great work demanded the employment of clerical assistance, and, while everything passed under my eye, many errors could not be avoided. Time and expense have not been spared to correct these, and, as I said before, the corrections are entirely at the service of the profession or of individuals.

Yours very truly,

T. F. ALLEN.

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\* See September number, page 425.

## NOTES FROM PAST MEETINGS OF THE LIPPE SOCIETY.

### SACCHARUM-ALBUM :

Dr. Allen related a case of opacity of the cornea cured with Saccharum-album potentized. Dr. Lippe said that Boëninghausen had proved Saccharum-album, and had shown his provings to Dr. Lippe, who copied them and afterward published them in the *Hahnemannian Monthly*. It is very similar to Calc-carb.

Dr. Allen said that he had cured swelling around the ankles following rheumatism with Saccharum-album 2M. Dr. Lippe said black-and-tan terrier dogs that eat sugar go blind.

### SENSITIVENESS TO NOISE :

Dr. Lippe said that, in extreme sensitiveness to noise, the patient can hear whispers in the next room and is irritated by them ; Cannabis-indica is the remedy. Nitric-acid has sensitiveness to jarring and rumbling of wagons in the street.

Dr. Lee said that Coffea has the same symptom.

Dr. Allen said that Borax has great sensitiveness to noise ; to the fall of a door-latch, crumpling of paper, and rustling of silk. Coffea has general sensitiveness to all noises.

The conversation falling upon Hahnemann,

Dr. Fellger said that a new book upon Hahnemann by a Dr. Ameke had appeared at Berlin. By contemporary documents the author shows that Hahnemann was the greatest physician of his time. One of Hahnemann's peculiarities was that he got along with very little sleep. He worked prodigiously. He published one hundred and sixteen large works and about one thousand two hundred pamphlets. He was a good musician and an astronomer, and was versed in every branch of knowledge that was connected with medicine. About 1806, he remarked that Mercury had the same symptoms as syphilis, and that it would cure syphilis. When Hahnemann came out with his new system of medicine, he was universally spoken of with respect, and even reverence, but with regret for his folly. But,



after a year or so, he was denounced as an ignoramus and scoundrel.

Dr. Fellger further said that this book of Ameke contains the most astonishing evidence of the meanness and rascality of the old-school physicians of Hahnemann's day.

In Hahnemann's day, it was against the law to allow a patient to die *without* bleeding him, and penalties were inflicted for neglecting to do it. Hence, there was an additional scourge in the hands of old-school doctors for punishing homœopathists.

#### MERCURIAL POISONING :

Dr. Fellger related a case of a man treated by an eclectic homœopathist with massive doses of Mercury. The patient died, and Dr. Fellger made a post-mortem examination. He found two ounces of metallic mercury in the liver.

He also mentioned cases where he had experimented upon patients who had taken massive doses of Mercury. He had applied the poles of a galvanic battery terminating in copper plates to the skin, and the electricity had extracted the mercury, causing it to settle upon the plates, giving them a silvery appearance.

The idea that Syphilinum is the remedy for syphilis is absurd. If so, then we have only to diagnose syphilis, and give Syphilinum to cure the case. This is pathological prescribing, and we are simply swinging around the same circle as the old school of medicine.

In the bone affections of syphilis, when there are pinkish-red swellings of the tibia—nodes—with unbearable pain, Kali-hydriodicum is the remedy. Aurum is useful for syphilitic ulcers of the roof of the mouth. Manganum-aceticum for a single small tumor of the roof of the mouth, the bone somewhat involved. Asafœtida, many small tumors of the roof of the mouth with suppuration. The tumors are discolored, this color being the distinguishing feature. The bone is deeply involved in the suppurative process.

In the case of the tibia before referred to, if the node be bluish Manganum-aceticum is the remedy. When the nodes are small and numerous Asafœtida is likely to be the remedy. Kali-

hydriod. is more superficial, Mangan-acet. acts more deeply. Asafoetida has a very marked action upon the periosteum.

Dr. Fellger related how a case of syphilis was caused by vaccinating with virus from a syphilitic subject.

These are but slight examples of the diverse indications that arise in syphilis, and consequently multiply the number of remedies needed to effectually treat it. Moreover, if we reflect upon the number of remedies required to treat mercurialization, which is comparatively definite in its affection, how many more must be needed to meet the requirements of so complex a disease as syphilis.

On another occasion there was a discussion upon

#### HYDROPHOBIA.

Dr. Lippe related a singular case which somewhat resembled hydrophobia. The patient had made her feet sore by excessive walking. So she applied turpentine, which was followed by spasms every time the patient saw water or heard it poured or saw a bright object. She also had spasms from any attempt to urinate. Cantharides relieved her.

#### MALARIA :

Dr. Allen spoke of a case of profuse sweat occurring in a case of malaria. The patient was confined to the bed and the sweat continued to come so freely that when the arm was held up it would run off in a perfect stream. Quinine sulphate 41M (F.) was given and the sweat abated in two days. The man then got well.

Dr. Lippe told of the case of a man whom he was treating for chills. The patient having large business interests pressing upon him, was unwilling to await the action of the similar remedy, but insisted on taking a large dose of Quinine to "break up" the chill. Dr. Lippe objected, and predicted that the patient would pay a heavy penalty by continuing to be sick for years. The patient nevertheless took the Quinine, with the result exactly as Dr. Lippe had predicted.

#### HEMORRHOIDS :

Dr. Guernsey had a case of a patient with hemorrhoids which protruded with sharp pain when urinating. Baryta-carb. cured.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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“ If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”—CONSTANTINE HERING.

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## EDITORIAL.

**MEDICINAL AGGRAVATION.**—“ An aggravation of the disease by new, violent symptoms during the first few doses of a chosen curative medicine is *never* indicative of feebleness of the dose (never requires the dose to be increased), but it proves the total unfitness and worthlessness of the medicine in this case of disease.

“ The aggravation just alluded to, by violent, new symptoms not proper to the disease, bears no resemblance to the increase of the apparently original symptoms of the disease during the first few hours after the administration of a medicine selected in a positive (curative) manner, which I formerly spoke of. This phenomenon of the increase of what seems to be the pure symptoms of the disease, but which are actually predominant medicinal symptoms resembling those of the disease, indicates merely that the dose of the appropriately selected curative medicine has been too large. It disappears, if the dose has not been enormously large, after the lapse of two, three, or, at most, four hours after its administration, and makes way for a removal of the disease that will be all the more durable, generally after the expiring of the term of the action of the first dose ; so that, in the case of acute affections, a second dose is usually unnecessary.

“ However, there is no positive remedy, be it ever so well selected, which



shall not produce one, at least one slight, unusual suffering, a slight new symptom, during its employment, in very irritable, sensitive patients, for it is almost impossible that medicine and disease should correspond as accurately in their symptoms as two triangles of equal angles and sides resemble each other. But this unimportant difference is (in favorable cases) more than sufficiently compensated by the inherent energy of the vitality, and is not even perceived, except by patients of excessive delicacy."—*Hahnemann*.

This question of aggravation, treated by Hahnemann above, is one that has received as much ridicule from the old-school and from many of his pretending followers as any of the other truths he promulgated. It requires but slight observation on the part of him who knows how to practice Homœopathy to know that it is true, and that it is but a part of the duty of the conscientious physician to be ever on the alert for aggravations, so that he may know how closely his chosen remedy fits the condition for which it is prescribed.

To fit himself for the ability to notice the changes which occur in the treatment of any case of disease is incumbent upon every one, and is one of the fundamental doctrines of Homœopathy.

It is here a knowledge of real pathology is necessary. We do not mean that coarse, material pathology usually taught in the schools, but that finer study which is to be found alone in the writings of Hahnemann and his followers. This knowledge, as there found, enables the genuine physician to know when to give and when to withhold medicine, and the successful treatment of disease can only be attained by adhering to this.

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IN this, as in all other of his writings, Hahnemann does not explain, or attempt to explain, the why. He possessed sufficient wisdom to be satisfied with observing and recording the facts. It has remained for the present day to produce wiser men than Hahnemann.

Our attention is frequently called to papers in which the writers endeavor to comment on selected paragraphs of the *Organon*, and we are more than amused by their absurd attempts to pose as erudite.

Hahnemann recorded the facts. These writers make frivolous attempts at philosophical explanations of them, or else equally frivolous attempts to deny them.

If there be no explanation that satisfies their so-called "understanding," then they deny the facts. Our literature teems with this sort of rubbish. The same energy thus expended, if used to carefully verify Hahnemann's facts and amplify his *Materia Medica*, would add to the progress of the cause.

That principle which we call *dynamis* is a favorite subject of explanation or of attack according as the writer is in sympathy with pure Homœopathy or in a state of hostility to it.

The attempt to explain it reminds us of the student who had known, but, unfortunately, had forgotten what is animal magnetism.

Lo, here are greater than the master !  
"A strong conceit is rich ; so most men deem,  
If not to be, 'tis comfort yet to seem."

G. H. C.

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THE TEACHING OF PURE HOMŒOPATHY IN THE COLLEGES.  
—In our October number, at page 437, we spoke of the appointment of Dr. Frank Kraft to the chair of *Materia Medica* in the Cleveland College. In that editorial we unintentionally overlooked Dr. W. L. Reed, of St. Louis, who is doing an equally noble work, in the teaching of pure Homœopathy in the St. Louis College.

In a letter received from Dr. Cohen, of Waco, Texas (which much to our regret we cannot publish in full for want of space), he writes : "Dr. Reed lectures on *Materia Medica* three times per week, and teaches his auditors how to apply the remedies under the strictest observance of the law. The classes read the *Organon* twice a week, the Doctor commenting upon each paragraph at length, and he has succeeded in exciting an intense interest on the subject, in the minds of his pupils. I was in St. Louis in March last and know whereof I write. There are other gentlemen in this faculty who are just as zealous and painstaking in their respective spheres in disseminating the true prin-

ciples which should guide us in our practice, as is Dr. Reed, and it is due to these hard workers in the cause that every practitioner and every patron of Homœopathy should know what is being done at the institution in St. Louis, and permit it at least to share in the good things said of the Cleveland school."

Dr. Reed is sufficiently well acquainted with us to know that we would not intentionally ignore his work. Still we think it only right that we should make this explanation that no injustice be done a most enthusiastic, painstaking advocate of the cause.

W. M. J.

## SOME RESULTS FROM THE ABUSE OF QUININE.

[Read before the California State Homœopathic Society, May 14th, 1890.]

J. T. MARTIN, M. D., WOODLAND, CAL.

We are not going to claim any special originality in the choice of subjects, or in the matter presented. It may seem a little presumptuous, however, to undertake one capable of so great and indefinite expansion; but be that as it may, what we can't handle of it, we most sincerely hope you may use up after we are through. The more we study it the more it grows in proportions, and the harder it is to select the material for a short essay. So it will not be at all strange if there is some left for you to digest. To do the subject full justice would occupy too much of your time.

We merely intend to present to you a few facts so combined that they ought to elicit a more than passing notice from all interested in this investigation. It would doubtless be better for suffering mankind the world over if we all gave more attention to the over use of drugs in general and this one in particular.

Men and even physicians, too, often are not independent thinkers enough to decide questions of therapeutics for themselves; but depend too largely upon the dictum of some supposed authority, without following his course of reasoning in the only way that would prove his conclusions either true or false. It seems to me a self-evident proposition that whenever a medicine is used in a sufficient quantity to suppress a disease from which



a patient is suffering, it is used abusively, by causing in many instances a much more serious disease instead of curing the one intended.

The belief expressed in these words, "If a little is good, much is better," has done a world of harm to unsuspecting mankind by inducing them to load up with medicines, charge after charge, expecting that in some way the disease would be fired out by one of these potent charges. Its cognate, "It won't do any harm, if it don't do any good," may, in the light of future years, be equally fertile in producing mischief.

We take from our own experience a case that seems bristling full of suggestions to the thoughtful student. It is this : Some two years ago a little boy was brought to my office with a slight attack of malarial fever, which possessed no alarming symptoms. Indeed, so light was the fever that the child was allowed to run at large during the forenoon, but would lie down in the after part of the day. He went on this way for several days, till one day his mother allowed him to eat some watermelon, which caused his fever to increase quite fast. At this juncture the friends wanted a Quinine tonic, which I could not advise, and they sent to an old-school physician, obtained one and gave it according to directions, with the result that the fever was suppressed in a short time, leaving the child, as they supposed, well of his fever, and with nothing left to do but to recover his usual strength and vigor. The interesting part of the case, however, is the subsequent history. After relief from the fever he did not, as was supposed he would, recover his wonted health ; but drooped, and was very languid for a month or so, when he was suddenly seized with an acute attack of cerebro-spinal meningitis, and died in a few days. After observing this case, and noting the result, and believing, as we did, that the suppression of the malarial attack was the direct cause of the meningitis, we hunted the current literature of the day at our command, to find evidence to support or disprove our theory. In the meantime, a friend who belonged to the old school, speaking of the use of Quinine in cerebro-spinal meningitis, said he never saw a case of this disease recover that had been treated with that drug. He

had had quite a large experience with this disease in its various forms.

I have in mind a case of cerebro-spinal meningitis treated by scientific medicine that, although much prolonged, was progressing toward recovery, when the attending physician thought to help him regain his lost strength and usual vitality by spurring up the life-forces to do better and quicker work by means of a Quinine tonic.

After using this medicine for not more than a week, he suddenly took a relapse and died. I have often thought what a consolation it certainly must be to the poor, weary doctor that the people in general attribute such results to the over-ruling Providence of an allwise God. The burden is lightened. The friends are satisfied and the doctor very likely lands the next one in the same place.

Dr. George B. Wood, in his work, Vol. I, edition 1860, says, in speaking of experiments upon dogs, even meningitis has in some relatively few instances been brought on by very large doses. Again, on page 249, same volume, the doctor says cases are on record in which death has occurred from inflammation of the brain from the excessive use of Quinine. And on page 250 he goes on to say that another danger from Quinine is the great and secondary prostration from enormous doses, which in persons already feeble may possibly, in some instances, prove fatal. In the transactions of the American Neurological Society, reported in the *Medical Record* of July 27th, 1889, Dr. Prince, of Boston, speaking of the frequency of tabes and other spinal degenerations in cases which also presented a history of malaria, said the first case he had recorded was one of locomotor ataxia, with typical tabetic crisis before each malarial chill. Altogether, the author reported in detail six cases showing the co-existence of tabes with malaria, and six cases where malarial history was associated with sclerosis. Besides these he had notes on three other cases of multiple sclerosis, two of locomotor ataxia, and one of lateral sclerosis with a similar relation.

Dr. Erbb following, stated that tabes may occur as a sequel

of intermittent fever, but neglected to add, when suppressed by Quinine.

Dr. Prince again entering the discussion, stated that he had documentary evidence of the pre-existence of malarial poison in all his cases taken from the army register, as they were all old soldiers.

We wish we had the documentary evidence at hand to show that these old soldiers took plenty of Quinine when this malarial poison first made its appearance. But we have not, neither have we the least doubt that such a record exists, and were I able to place it before you to-day you would then see that these cases just mentioned were all suffering from suppressed intermittent. Most of you, however, will agree with me in the following proposition: that if we have an old-school physician and a case of malarial fever, said case is as sure to receive a plentiful supply of Quinine, as that the doctor lives to get there. It is hardly necessary for me to tell you that most all our army physicians belong to the old school, and, therefore, would fulfill the conditions of this proposition. Such discussions as were reported from the American Neurological Society ought to result in ultimate truth and be a lasting benefit to shaking humanity. Let them become more and more general until the glorious sunlight of medical truth shall shine full in their faces. Some two years ago last fall a gentleman who was working on the Seventy-six Ditch Company's ditch in Fresno County, called at my office to be relieved from a condition very much resembling paraplegia. Sensation seemed to be normal, but voluntary motion was very much impaired. His joints were stiff but not swollen. He could not always make the motions with his limbs that was intended. Could not raise his arm to his head or use it in conveying food to his mouth. He also had but little use of his lower extremities. They were so unmanageable that a little unevenness in his path or a roll in the carpet would cause him to tumble down, from which position he could not rise without help. In addition to the above symptoms he had a tremor very much like an alcoholic tremor and very distressing to him. We immediately wanted to know why this man was in such a



distressing condition. Why had he not been relieved from what seemed to have been a very simple attack of intermittent fever.

During the course of the investigation we soon learned why. He had been working near water running through a newly-dug irrigation ditch and had contracted chills and fever, the paroxysm occurring between ten and eleven A. M., with thirst during the chill; headache, aching of bones, with nausea and vomiting as soon as the chill was going off and the heat coming on. During the heat, headache and thirst increased, and was very much relieved during the perspiration. He had been treated with Quinine for three months, which resulted in the condition just stated. It is not necessary to follow in detail the treatment of this case, which lasted some six weeks, but suffice it to say that Nat-mur., the remedy first and originally indicated, caused the return of chills. The more he shook the more he limbered up, till he recovered his usual strength and agility, when the chills had entirely left. They have not returned up to the time of this writing, although he has been working all the time in the same place, under the same circumstances, and subject to the same exposures as when first attacked.\*

In the early spring of 1889, I was called to the bedside of a young man about seventeen years of age, suffering from general anasarca. Face bloated, hands, feet, extremities as well as his entire body were all swollen to their fullest extent. In fact, he was the worst bloated specimen of humanity that I ever saw. He was exceedingly nervous, possessing a nervous tremor very much like that which results from intoxication. He suffered very much from pains of a rheumatic nature in various parts of the body that were very distressing, and possibly due to extensive infiltration into the cellular tissue.

He passed large quantities of blood with each evacuation of the bladder, mixed with the urine in such a way as to leave no doubt that it came from the kidneys, and, of course, with so much blood there was albumen also. The previous history of this case, which I obtained from the mother, is very interesting and worthy of study.

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\* This case reported that the chills returned some three months subsequent to the reading of this paper.

The spring after he was three years old, he had an attack of malarial fever with no indications of chills. This was called and treated for typho-malarial fever, and promptly suppressed by Quinine, but returned the next spring, and was completely squelched with the same drug as before. It was bold enough to return on the third spring, when the same guns, similarly loaded, were brought to bear upon it with equally good result, and so it returned every spring for fourteen years, and was as promptly subdued by the same approved methods. Finally, we were called in to subdue the last attack, when his poor, weak body was so full of the material fired there to kill the intruder that it was absolutely impossible to make it hold any more. He went on getting better, then worse, till his lungs filled up and he died with what the doctors called Bright's disease. Speaking of the abuse of China, Hahnemann says: "Note their earthy complexion, their puffy faces, the dullness of their eyes; see how oppressed is their breathing; how hard and extended their epigastrium; how tensely swollen their loins; how miserable their appetite: how perverted their tastes; how painful and oppressed their stomachs are by all food;" and so he goes on to expatiate on the grosser effects of this drug, that, when rightly used, is such a blessing to mankind. The picture that Hahnemann has given us of the over-use of Quinine is remarkably similar to the case just reported that had been treated so long with the sulphate.

Had the stupid doctor ever read Hahnemann's preface to his article on Cinchona, he could have seen that the original disease had long ago ceased to exist and he had to deal with the drug disease cinchonism, which is much harder to cure than the original trouble. He might then have been able to relieve the sufferer, instead of hurrying him on to a premature and untimely grave. We may draw a few pertinent conclusions from the facts we have herein collected. First, Quinine has a specific action on the spinal marrow and nerves, and cerebro-spinal meningitis may be brought on either by an overdose of this drug, or by the suppression of an attack of malarial fever by it. This, we think, is more liable to occur in children and younger people than in those of more mature years. It comes on sud-

denly, and is not amenable to ordinary old-school treatment; whether it would be to good homœopathic treatment or not I am at present not able to say. Second, the suppression of intermittent fever will produce locomotor ataxia, sclerosis, tabes, paraplegia, and other forms of spinal degenerations. These forms of disease are more liable to occur in adults and persons of middle age and older. Such are more able to withstand the more immediate effects of the drug, and we find the spinal troubles coming on long after the attack has been forgotten. It will kill at long range as well as short, and give your victim a chance to get out of your sight before he lies down to peaceful slumbers or is gathered unto his fathers. Third, it will produce, through its action on the liver, kidneys, and spleen, a condition very closely resembling general anasarca that is very distressing, and may, we think, if followed up, in many cases prove fatal. This latter trouble comes on more insidiously and is fully developed before any one is aware of its true nature, and when organic change has taken place, you will find it most impossible to relieve. The weight of the drug is still there, and ready to render futile your best efforts. It is a good deal like digging in the quicksands, the more you throw out the more will run in.

Possibly you may have noticed the increased number of suicides noted in the secular press of the country during the late epidemic of influenza. On one day, in the early part of January, there were eighty-two bodies of suicides reported in the morgue in New York City alone. They were largely treated with Quinine and antipyrine, and if you will take the trouble to read over the pathogenesis of the former drug, you will be enabled easily to account for this increase in self-destruction. "It makes him gloomy, fills him with thoughts of suicide, he wants to destroy himself and so on."

The time is fast approaching when intelligent people will resist the doctor in his efforts to produce cinchonism to cure ague, or any other disease for that matter. We would not do the subject anything like justice did we not speak of the tonic use of this drug, which we think is very pernicious. For a time it seems to build up the system and make the patient happy in the thought that he is speedily to be restored to health, but this too



often proves to be only a delusion and a snare, it lets him down lower than he was before. If the patient be of a good and strong constitution, there may be no immediately bad effects noted—like those old soldiers who fought so valiantly for the preservation of the Union, escaping the horrors of a death on the battlefield only to die years afterward by that slow and torturing death that comes on so gradually, and is the result of a misguided practice that ought to seek only the good of its fellow-man. Taken for the relief of a cold, its first effect is to create a feeling of pleasure and exhilaration, with a sensation at least of partial relief from trouble. But when the next cold comes on it demands the same relief, and the next, and so on. Then they come on oftener and still oftener, till one is continuously taking tonic for colds. Most of you who live in either the San Joaquin or Sacramento valleys have in all probability seen cases of this sort. I have. This taking Quinine for every little ailment produces a condition of the system that howls and cries aloud for more and more of the stuff, and will continue to do so till the demand either is satisfied, squelched with a suitable antidote, or till the stomach rises up to reject the intruder.

In cases where persons are somewhat feeble and have used this drug for some time, and for any reason leave off its use, it often produces a profound prostration that may in some instances prove fatal. This may also be the case when doses very much too large have been taken. The use of the drug purely as a tonic is not without its bad results, and is liable to do considerable harm, because the patient is led to think he is taking something very simple and capable only of giving him health and strength. This often proves a disappointment, and the poor patient seeks another tonic, but gets one with the same base and believes himself taking an entirely new mixture.

Should a patient who has been so treated come to any of you for treatment, he will likely tell you that he has only taken a little tonic—just as if it was the simplest thing in the world. We would like to give you some facts in regard to the use of this drug in typhoid and typho-malarial fevers, but our paper has already grown to such length that we would occupy more than our share of your time.

I sought truth earnestly  
and found it.

Nosse pflichten, Nosse blüthe;  
Morgens ist nicht Lust,  
Quinn Nunde laß unsylling!  
Schäftig ist die Zeit.

Les plus inestimables trésors  
sont une conscience irréprochable  
et une bonne santé; l'amour  
de Dieu et l'étude de soi-même  
donne l'une, l'Homöopathie donne  
l'autre.

Paris, 12 Mars  
1843

Samuel Hahnemann.

AUTOGRAPH LETTER OF SAMUEL HAHNEMANN.

## AN AUTOGRAPH LETTER OF SAMUEL HAHNEMANN.

Upon the opposite page we give a *fac simile* of an autograph letter by DR. SAMUEL HAHNEMANN. The original from which this copy was taken is in the possession of DR. SAMUEL LONG, of New Brunswick, New Jersey, to whose courtesy we are indebted for the opportunity to give it to the readers of THE HOMŒOPATHIC PHYSICIAN.

The letter was presented to DR. LONG by his patient, the venerable MADAME D'HERVILLY, sister-in-law of HAHNEMANN, accompanied by her own letter of which the following is the text :

"I have the pleasure and satisfaction of giving Doctor Samuel Long the accompanying letter, written to me by my brother-in-law, Doctor Samuel Hahnemann, Paris, March 12th, 1843.

"MRS. FELIX D'HERVILLY,

"NEW BRUNSWICK, July 2d, 1890."

It will be observed that the letter is in three languages : English, German, and French.

The full English translation is as follows :

(English.) "I sought truth earnestly and found it."

(German.) "Cull roses while the roses bloom,  
To-morrow is not to-day ;  
Lose not an hour, for, ah, too soon  
Time speedeth swift away."

(French.) "The most valuable treasures are an irreproachable conscience and good health ; the love for God and the study of one's self gives the one, Homœopathy gives the other."

This reproduction was, in the first instance, photographed from the original, and then, by a new process, transferred to a metal plate, from which the print was made.

We are certain our readers will appreciate the opportunity to possess a *fac simile* of the handwriting of the immortal HAHNEMANN.



## THE INSANITY OF JEALOUSY.

PROFESSOR B. BALL, PARIS.

WITH REMARKS BY S. L., BULLETIN MÉDICAL 57, '90.

“ Eifersucht ist eine Leidenschaft, die mit Eifersucht was Leidenschaft ” (Jealousy is a passion which zealously tries to create trouble).

Under jealousy one can understand a general tendency similar to envy and, like it, founded on egotism. It is generally thought that jealousy from love carries within itself its excuse, being only an excess of the most tender sentiment, hence juries are very apt to be lenient to those who committed crimes while under the yoke of this passion, while in fact jealousy is only a very pronounced egotism, as the patient finds himself wounded far more in his self-esteem than in his affections. A few examples will explain my meaning. Here we have a well-educated woman of forty-six years, with the traces of former beauty still on her face, and who became jealous on account of her age, and we know climaxis is always a tender spot with women. She was the head cook in a large establishment, and she prided herself on her excellent taste, considering herself the queen of the table, when, without cause, she became suspicious of her husband, and bothered him constantly in such a manner that he thought to have her confined in an asylum, but loving her still, he sacrificed himself and shot himself in her presence. She never lost a tear, she rather felt pleased, and ate and slept as well as ever. This indifference to persons near and dear to one is characteristic of the insane, who are indifferent to everything which is foreign to their fixed idea, and this woman feels pleased that her husband cannot cheat her any more.

In other cases, as our second one, the wife may not love her husband. This patient, the baby of a large family, was spoiled in her infancy and every wish gratified, so that she considered herself its centerpoint. Unfortunately she married a man who gave way to all her whims. They had two children, one died

from meningitis, and during her second pregnancy she suffered from excessive jealousy. Her husband, employed on the marine staff, was obliged to be frequently from home, but she followed him everywhere and accused him of having intimate relations with other women and raised mischief even in the street, so that she fell into the hands of the police, and was declared insane. At the asylum she tried to breed discontent, broke everything she could lay her hands on, was full of hallucinations of hearing the conversations of her husband with these women. She is now demented and incurable.

Dr. M. P. Moreau proposed the following classification: 1. Feeble jealousy, constant cavil about trifles. 2. Quarrels and fights caused by jealousy, threatening to kill its object, but does not accomplish it. 3. Violent jealousy, murder. 4. Murder followed by suicide. May it not be better to classify it only as simple jealousy and jealousy with alienation and with or without hallucination? Jealous mothers have killed their children and then committed suicide (Medea and Jason). Heredity and education play here also a great part; though women are more given to jealousy, still one meets men who are perfect tyrants in their households. Accidental diseases may also provoke jealousy, and sometimes it originates in a traumatism especially of the head or from diseases of the skull affecting the brain. Zymotic diseases, chlorosis, anæmia, hysteria, but especially alcoholism may often be blamed for these different degrees of jealousy, and the men are often jealous after drinking. Pregnancy and menopause may lead to insane delusions of jealousy, from simple melancholy to folie circulaire and hysterical insanity is well known. Some cases are curable, but the prognosis is bad, when deliria of persecution are mostly found in patients born with a degenerated brain, and sequestration is the only means to calm such turbulent brains. Such spoiled children, spoiled even after being grown up, must learn the moral power of a superior force, of inflexible rules which they must obey.

Homœopathy offers great resources in these cases, and still even our remedies will act better when such a patient is re-

moved from home influences, where every trifle goads the patient on to fresh exhibition of their pranks. It is a great gain, as Hyatt teaches, when such a patient learns that obedience to the rules is the first requisite, and as their strength returns, the cloud will gradually melt away. In the third edition of my *Therapeutics*, page 381, we give some well-trying drugs. Who would not think of Apis or Lachesis in cases originating during puerperium or menopause? Some writers even called Apis "the widow's remedy," on account of its sexual irritability and thus it may be suitable to light as well as to severe cases.

Weary at heart is characteristic of Lachesis, and weary of life such a patient doubts everything, and thus also the fidelity of her husband, and hence homicidal and suicidal ideas enter the diseased mind. A dose of Lachesis might have restored the troubled conscience of a Medea. The differential points between Lachesis and Naja await yet to be worked out, and Naja is too much neglected in our studies of mental diseases.

Ischæmia of the brain hints to Arsenicum, worn out mentally and bodily, such patients look back to a happy past, fearing a desolate future and envy and jealousy are the natural consequences, hence constant anguish, for in her hallucinations she sees others enjoy the pleasures belonging to her and in her hopelessness the suicide by the cord offers the only relief. Religious melancholia is no idle dream, and the woman may be called blessed where this consolation offers her some substitute for the imagined wrongs of her love and affection. What a difference between the impatience and restlessness so characteristic of Arsenicum and the calm resignation so pointedly manifested in Ignatia. Richard Hughes is right when he says that Ignatia can only be indicated at the very beginning of epilepsy or any other nervous disease, and thus also it suits only Moreau's first type of jealousy; it is yet only an inward grief, and she tries to hide her mental agony from those she loves so well as also from the outside world. Though we meet the same great sadness from disappointed affection in Natrum-muriaticum, still it suits better a more advanced state of jealousy; she is fretful, rejects consolation and grieves that she has lost some of the at-



tractiveness which is so much a woman's greatest pride. In Natrum-muriaticum and in that third degree of Moreau, which may indicate Arsenicum, the vital power is below par, there are bodily ailments, perhaps latent still, but undermining the health of the sufferer, while in those cases where Aurum suits, the patient usually has nothing to complain of in relation to health and she feels, therefore, so much more mortified that somebody else stands higher in the affection of her lover. Thus she loses all confidence in herself, and either seeks consolation in the Church or homicidal and suicidal ideas render her a dangerous patient. It is really often hard to decide whether Arsenicum or Aurum is more suitable and the anamnesis may be necessary to decide it. The Arsenicum patient is not in as good health generally as the Aurum patient, when the mental disorder is the chief disease, though hereditary syphilis may in some cases be the starting-point. In many cases where Professor Ball gives his purgatives, we can do better service with our Natrum-muriaticum or Sulphuricum, or with our preparation of Gold.

In Moreau's highest degree, that jealousy with outspoken mental alienation, he introduces to us these *infants terribles*, these spoiled children whose egotism become the bane of their life. It may not yet be too late for antipsoric treatment, and the Salts of Lime and Sulphur, at long intervals, may aid us in eradicating this bad disposition. We meet in Sulphur that childish peevishness in grown persons, that egotism in her own perfection which radiates upon all who surround her, and, when not acknowledged, render her actions unbearable and mischievous. How strongly the somatic as well as physical pruritus, found partially in Sulphur, reminds one of Hyoscyamus and Stramonium! There is hardly any remedy which has such ungovernable rage as the Henbane, and no wonder that Hyoscyamus became a favorite in the asylums under old-school management. Lascivious jealousy is our characteristic for Hyoscyamus, while hallucinatory jealous alienation often finds its counterpart in Stramonium, a grand remedy where hysteria prevails in the patient or in her family.

It would lead me too far to mention more remedies for this insane jealousy ; in fact, any remedy which covers the totality of the case may be indicated, but let us not forget the sage advice of the French alienist that craziness *per se* is already a proof of minus in the vital force, that most lunatics are qualitatively anæmic, and that they must be treated like children, with firmness and kindness combined, which is only possible in closed institutions, where the aggravations from home influence can be averted. Let us call them hospitals for mental affections and the stigma of an asylum will not be dreaded so much as it is at present the case, and the earlier the troubled mind comes at rest, the greater the chance for full recovery.

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### "THE ROUTINE TREATMENT OF FRESH GONORRHOEA AND STRAIGHT HOMŒOPATHY."

THOMAS SKINNER, M. D., LONDON, ENGLAND.

As an illustration of the evil effects of urethral injections in cases of fresh infection of gonorrhœa, advocated by Professor Timothy F. Allen, I give the following case, and most men in large practice and of long experience must have seen any number of much the same, and many more infinitely worse, treated by old-school practitioners.

I was consulted on the 9th of July, 1890, by a gay bachelor of forty-five summers, who had been treated by "a routine *straight* homœopathic physician," not a thousand miles from the West End of London, and one who enjoys a large share of public confidence.

The gentleman complained to me of losing the sight of both eyes, the sight of the left being the most impaired. The conjunctiva was inflamed and secreting hot tears, there was an unpleasant sensation of coarse sand in the left eye, with a somewhat muco-purulent discharge. At the same time he complained of the right testicle being painfully enlarged.

I at once asked him if he had had a gonorrhœal discharge? To which he replied : "Oh ! yes, but it has been *cured* by Dr. —,"

one of your sort, a homœopath." "When did he cure you?" "About a week ago, and it was a fresh infection caught only a few nights before."

The *modus medendi* was the Iodide of Mercury in a low power internally, three times a day, and *Hydrastis in water as a urethral injection, to be repeated thrice daily. Hinc illoë lachrymæ.*

Here was a nice little specimen of Dr. Timothy Allen's "straight Homœopathy." Will he be kind enough to quote from *The Organon* of Hahnemann or from *any* of Samuel Hahnemann's writings, that the master ever advised the use of local injections for the cure of any discharge, especially an infectious one, containing a virulent poison?

TREATMENT.—The medicines best indicated seemed to me Sulphur and Pulsatilla, and inasmuch as the latter corresponds best to the swelled testicle, and to the eye, the form of the inflammation assuming that of a pterygium, I gave him on July 9th, 1890, *Puls.*<sup>1m</sup> (F. C.) to be taken three times a day. He called a week after, and reported all pain in testicle gone, but he continues to wear a suspender, which he has worn from the first appearance of the discharge. The testicle remains as much swollen as before, and the ophthalmia (gonorrhœal) is decidedly better, but at a standstill.

There being no return of the discharge, I gave my patient then and there a dose of *Medorrhinum*<sup>cm</sup> (Swan) on his tongue, and one more to be repeated at bedtime, and to follow both up with S. L. night and morning. As my patient was called on business of importance to the Continent, he got enough S. L. to last him until his return on the 8th of August last, when he reported himself marvelously better as regards the swollen testicle—and no wonder—as the urethral discharge of a yellowish-green color had returned, and the ophthalmia was if anything worse. He now got one dose at bedtime of *Medorrhinum*<sup>3mm</sup> (Swan) to be followed by S. L. every night. On the 10th of September, the ophthalmia was gone and the indistinctness of vision; the testicle almost its normal size and feel; and there was nothing



to prescribe for except the return of the suppressed gonorrhœa, for which I prescribed, as it was a yellow discharge of apparently a healthy pus, *Mercurius solubilis*<sup>tm</sup>, night and morning.

September 17th, 1890.—My patient considers himself now quite well, and expressed himself deeply grateful, because "Doctor, I felt certain that I was poisoned!"

With all deference to Dr. Timothy Allen—and be it remembered he is a "teacher in Israel" and a great power for good or evil in the land—he is teaching that which every honest and advanced allopath condemns, namely, the suppression of infectious poisons by means of injections, such as gonorrhœa.

Were it not for the shame of the thing, I wonder that patients do not come upon such "straight homœopaths," eclectics, and *allopaths*, and sue them at law for malpractice, for the suppression of virulent infectious poisons and inducing orchitis, ophthalmia, rheumatism, etc., in their persons; whereas, they were paid for *curing* them of a running, and *not for shutting up the burglar in the house*.

Let us hope that Professor Timothy Allen, M. D., will change his *methodus medendi* of treating acute gonorrhœal inflammation of the male urethra, and that we shall hear no more of such "straight Homœopathy," as "He who in these days will not *wash out* with distilled water and one 5,000th of a grain of Corrosive Mercury a fresh case of gonorrhœa, and cure (*sic*) his erring brother in twenty-four or forty-eight hours, must give up the treatment of such diseases." Know this, then, Dr. Allen, that we can cure effectively all cases of gonorrhœa *cito, tuto, et jucunde*, without *local* treatment of any kind, not even the injection of the 5,000th of a grain of Corrosive Sublimate—which cannot "wash out" the poison except by neutralizing or suppressing it. *My patient* told me he was *cured by a homœopath*, when he was simply made dangerously ill—and if any one has seen or is able to trace the evil effects of these *cures* by suppression, they would as soon think of cutting off their own right hand or of killing their patient.

## A FUNNY SYMPTOM—SULPHUR 55<sup>M</sup>.

M. A. A. WOLFF, M. D., GAINESVILLE, TEX.

(Continued from September No., page 407.)

General symptoms, additional to such stated in first report : Pain all the time in perineum from dragging of scrotum at the incision-scar, and inside when clogged up, in which case there is also pain in left renal region. The urine does not dribble in the rag wrapped around penis, but trickles out as from a spring ; but when standing up and trying to have it come in a stream it will only dribble, except when after one or several hours' sleep, *during which time there is no discharge of urine*, it will escape in a stream ; sometimes too, not always, as it used to be, some urine will be discharged from anus. (Rags were instituted instead of urinal, which blistered and excoriated glans.)

Special Symptoms. August 5th.—Discharge of much pus ; urination very free (in the rags) all day. Formerly urination prevailed during night, now as stated. A stool not hard but regularly shaped, breaks in two by itself, and at place of breakage shows a piece of something looking like decayed flesh from a wound after amputation. Heavy erections awoke me three times during the night. Got up and abundant urine through urethra.

August 7th.—Dropsy of legs goes gradually down.

August 13th, five A. M.—Immense diarrhœa and discharge of fæces through urethra. From seven A. M. no urination, something seems to clog the urethra ; pressure brings out pus like a gonorrhœal discharge.

August 15th, two A. M., four A. M., and six A. M.—Immense diarrhœa, grayish, mushy, passes partly through urethra.

August 18th.—After having been constipated (without feeling of urging) since the 15th A. M., a normal, very large stool, sound in every respect and discharged without pain. But for some heaviness in perineum no more trouble from pile, or, as I contest, prolapsus recti.

August 19th.—Twice a good stool, but first time preceded by discharge of a brownish, jelly-like mucus, some of which escapes through urethra. Feeling as if there were more to come. At eleven A. M., temperature one hundred degrees, was normal at six A. M.; at twelve noon one hundred and one. Reported in writing to Professor Reed. From nine P. M. to twelve a decided Baptisia fever, but would not interfere with the Sulphur. After twelve, when I had been up urinating, perspiration. The height of the fever, one hundred and two degrees, however, remained. Old symptoms returned, as the spluttering from the mouth, gushing of urine from anus, short cough, painful to pubic region (root of urethra), only once causing a few drops of urine to dribble. No discharge of urine now when lying down, either during sleep or *being awake* (new symptom).

August 20th, eleven A. M.—Received the third dose of Sulphur (since July 18th), viz.: CM. I kept the bed all day and following night, only getting up to urinate. During the day, after taking the Sulph., temperature rose to one hundred and three degrees. At night it had fallen to one hundred and one and a half.

August 20th.—Temperature ninety-nine and two-fifths. Urination only through urethra. *Dropsy seems completely gone.* Stayed up until noon. Through over-exertion, I think, temperature rose to one hundred and two during the day. Another cause for it may be an abscess which, I supposed from my sensations, in the part bound by the recto-vesical fistulæ. Sitting down that forenoon did not, as hitherto, cause involuntary urination. At dinner-time took a bowl of soup and then went to bed. Up once that afternoon, discharging urine in a thin stream. Half-past five P. M. got up in the chair again, when, as soon as I sat down, the tickling re-commenced. Temperature one hundred and one and three-fifths. No stool since 19th (another possible cause of fever). Six P. M., felt urging to stool. Digital examination had already yesterday proven that there was a hard stool lodged in the bowels. Now, urine must have been accumulating from the lesion of the bladder behind this stool and have dissolved some of it, for, when I sat down on the com-



mode, there was a gushing from anus of urine colored by feces, which also escaped through urethra. It burned like fire. At last there came a hard, sound stool.

August 22d, A. M.—Have slept well all night ; got up three times to urinate, the first two gushing from anus, the third only from urethra. Put on this morning, for the first time, socks and slippers with greatest ease. Good normal stool at 8.30 A. M. The most unpleasant feeling is caused by excoriation of glans around meatus. No appetite. At bedtime temperature one hundred and one degrees.

August 23d.—Had a good night ; fever gone.

August 26th.—The wet rags caused the excoriation of glans. Small compresses dipped in Calendula water, in spite of being wet with urine, healed it in two days. So I thought to employ them in the urinal. It works like a charm.

August 27th.—Feel very well, after a good sleep during the night.

August 29th.—Again some aggravation ; temperature one hundred and one degrees.

August 30th.—Same as yesterday, but more aggravation.

September 1st.—Received fourth dose of Sulphur CM. It did not take effect before the 3d.

September 5th.—Left hospital. From 5th to 10th only harassing trouble is excoriation of the urethra and glans, as well as below the same.

September 10th, P. M.—Took the cars for home. Arrived Friday 4.50 A. M. Only trouble the excoriation (and the involuntary urination).

September 14th.—Felt bad ; temperature one hundred and two. Fifth dose Sulph. CM acted well in less than half an hour.

To-day, September 17th, would be all right if it were not for the involuntary urination and excoriations. The fistula is decidedly improving.

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SULPHUR.—Excoriations of genitals and inside of thighs. The flow of urine painful to parts passed over.—*Guernsey's Key-note.*

## A MATERIA MEDICA PURA.

To those who watch with care the tendency of homœopathic literature, its downward course can scarcely be unnoticed. Of bookmaking we have, indeed, an abundance; of homœopathic books we are sadly lacking. Dr. Lilienthal has alluded to the need of newer and better translations of Hahnemann's *Materia Medica*. Of this there is great need. It has always been a misfortune and a serious hindrance to the development of Homœopathy that Hahnemann's works were so poorly translated. It is true, we have a re-translation of the *Materia Medica Pura*, embodied in Allen's *Encyclopædia*, which is to-day the best work on materia medica we possess. But the *Encyclopædia* is by no means faultless; yet, such as it is, we should be thankful for it. In such a large work errors will be found, yet the effect of these errors is in a measure lessened by the repetition of symptoms, which are so numerous given. A symptom repeated over and over again, in different terms, cannot be wrongly stated every time. So, when one reads a symptom in two or three differently worded sentences he can easily get at the meaning of the proverbs. In the so-called *condensed* books on materia medica an error once stated, remains without chance of correction. The use of these *condensed* works is responsible for many failures in practice. None of them are thoroughly reliable, and none of them give a true picture of the drugs treated. The homœopathic school is yet to produce its *Materia Medica Pura*, with the additions which time has added to Hahnemann's labors. This may seem to be a very sweeping statement but *it is true*. The great victories of Homœopathy in the past have been won by those who studied the *Materia Medica*, not by those who relied upon repertories or *condensed* works. The homœopaths of to-day who make the most brilliant cures rely upon and study the old works upon materia medica. The homœopath of the future will—if the present work of *condensing and copying* goes on—have no reliable materia medica.

One writer copies from another, only to repeat, or, maybe, to

increase, the errors of the former. And so goes on the manufacture of homœopathic literature! Of hasty, inconsiderate, and unreliable works our school has seen quite enough. What we need is a faithful and reliable compilation of the old remedies, with such new symptoms as are without the shadow of doubt reliable, and a complete rendering of the reliable symptoms of such new remedies as are well proven. We need no great display of large and elegantly gotten up books; we want only what is true, reliable, and useful. Less than this we cannot do without; more than this is deceptive and misleading. Who will give us a real *Materia Medica Pura*, which shall contain all that is true, both of the new and of old drugs?

The homœopathic school must have such a *Materia Medica Pura*, or it dies!

E. J. L.

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### ERYSIPELAS.

G. M. PEASE, M. D., SAN FRANCISCO, CAL.

(Report of Bureau of Clinical Medicine, I. H. A.)

Recently there has fallen to my lot a case which presented some unusual conditions, symptoms of directly opposite character upon opposite sides of the body, but which yielded promptly after the selection of the proper remedy.

Mrs. M——, aged about sixty-five. For many years has been subject to attacks of erysipelas, nearly always in the same localities, but previously she had been troubled with tonsillitis, for both of which she received good old-fashioned “regular” treatment. From three to four weeks she was “laid up” and for weeks afterward was not strong.

About four years ago I attended her during one of these attacks of erysipelas, but did not consider that I had done any very brilliant work in the case, though she seemed much pleased with the result, because, though lasting three weeks, she had not suffered as much, had not been heavily dosed nor subjected to the inconvenience of external applications, and when the local symptoms were gone she did not feel as much prostrated as formerly.



And now there has been an interim of four years against the former almost yearly attacks.

It is possible that this last attack had an outcropping a week before I saw her, as her husband came to me with a description of her sore throat. He did not think it necessary for me to see her, and as he gave a good picture of Mere, I sent that remedy in the thirtieth potency. The effect was good, for in twenty-four hours she felt all right.

May 25th. I was called to see her, the following symptoms presenting. There was a red spot covering the point of the left elbow, extending half way around the arm and upward and downward about two inches. Upon the outer part of the left forearm another red spot about the size of a half dollar, upon the wrist another, on the leg and ankle other small spots. These were of a phlegmonous character, very hot and extremely tender to the touch, but not especially painful on motion. Upon the right side at the wrist a small spot, very red, with a line of red extending up the arm about two inches; one of the fingers at the metacarpal joint was slightly red and swollen. The right knee was alike affected. These points were not as hot nor were they phlegmonous, but were more sensitive than upon the other side, and the least motion caused great pain. This side she kept uncovered because heat aggravated it, but the left side was carefully wrapped in flannel because heat made it better. Motion aggravated all the pains—she was very thirsty, wanted large quantities of water. Thinking Bryonia was best indicated, I gave it in the 200th potency. The following day there was a slight amelioration of the right side symptoms, but the left side was decidedly worse, phlegmonous spots larger and more of them. No change of remedy.

Third day.—Right side better so far as the rheumatic character of the pains was concerned, but phlegmonous spots had appeared here also and nearly the whole of the left arm was covered. There was no vesicular appearance at any point. The right side was still uncovered, while the left demanded all the heat it could get.

She felt somewhat restless but could not move because it in-

creased pain. I *may* not have previously looked at the tongue but to-day I did, and found it heavily coated except a triangle at the tip, the base being at the end of the tongue and the point inward; this triangle was very dark red, quite dry, while the rest of the tongue did not look dry. This condition of tongue I have always associated with Rhus-tox. and Sulphur. Taking into consideration the other symptoms it was an easy matter to decide between the two, and Rhus-tox.<sup>200</sup> was given.

Fourth day.—As I entered the room my patient greeted me with a smile, and held out her left hand as if to shake hands, but withdrew it and extended the right.

Words were not needed to define her actions, but she used them freely to express her feelings of satisfaction.

The phlegmonous condition had very greatly disappeared, the surface less red; scarcely any heat; did not need one side covered more than the other; had slept well all night, and now asked what she could have to eat. Remedy, Sac-lac.

Fifth day.—As far as my professional services were concerned there was no necessity for my visit, scarcely a vestige of the late trouble being present.

Comments.—Possibly the earlier inspection of the tongue might have saved the patient a couple of days' suffering, because it was the red tip which caused a change in prescription, but I am not prepared to say positively that I did not see it at an earlier stage because it is such a natural thing to ask to see the tongue.

According to Allen's *Symptom Register* there are a number of remedies having redness at the tip of the tongue, prominently noted being Argent-n., Ars., Phyt., and Rhus-tox., but he does not include Sulph.

Many observations have fixed upon my memory the well-defined *triangle* as belonging to Rhus and Sulph., because other symptoms had so clearly indicated one or the other when that triangle was present, the most clearly marked triangle demanding Rhus. This decided contradiction between the two sides was peculiar. Was the first remedy a mistake? It was chosen

to combat what appeared to be the most distressing symptoms ; that it had some effect was evident.

Bry. and Rhus being complementary to so great an extent, it often happens in my experience that when one has been given the other may be needed to complete the cure.

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## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S., LONDON, ENGLAND.

### RANUNCULACEÆ (CONTINUED).

*Actæa Spicata* (Bane-berry, Herb Christopher).—Found in mountainous woody districts in the North of England. This plant has not been proved, but was mentioned by Ruckert as a remedy in certain cases of neuralgia, characterized by violent tearing and drawing rheumatic pains in *one side* of the face, extending from the teeth of the upper jaw through the malar bone as far as the temple. Contact or movement of the facial muscles produced an excessive aggravation of the pain. The plant is similar in its action to the following American variety in that it affects *one side* of the body. It is very acrid and strongly cathartic ; the berries are poisonous and have been fatal to children who have been tempted to eat them. The leaves have been used allopathically as an external application to inflammations, and with much success in tumors of the breast ; it is well worth proving, and may equal if not surpass the *Cimicifuga*.

*Actea Racemosa*, *Cimicifuga Racemosa* (Black Cohosh, Black Snake-root).—This, although not an English plant, is one that grows perfectly in this country, and is so well known to the followers of Hahnemann that I think it advisable to mention it. In the garden it grows to a fine plant, with tall spikes of white flowers ; it is perennial, and well worth growing. There is a good proving of this plant. It is especially useful in nervous and rheumatic affections, principally affecting the *left side* of the body ; facial neuralgia, pains in the *left side* of the breast, spinal irritation from rheumatic or uterine disorders, neuralgia



of the eyeballs, delirium tremens, illusions of vision, hysteria, "nervous sick-headache," vomiting, etc., stiff-neck, lumbago, worse when the patient is standing or sitting still, and in cold and stormy weather; sciatica; articular rheumatism of the lower extremities. The last few years the allopaths have been freely using this remedy, as well as many of our best proven drugs, without acknowledging the source from which they learned their use—*i. e.*, the Homœopathic Materia Medica.

*Pœonia Officinalis* (Rosa Benedicta; common name, Peony).—In heathen mythology called after the physician Pœon, who cured Pluto with it when wounded by Hercules, hence it was held in great esteem by the ancients. This, although not originally an English plant, is one of our commonest garden-flowers, and is so well known to every one that it needs no description. There are several garden varieties of *Pœonia officinalis*, all of them bearing showy and beautifully-colored flowers, and probably producing much the same symptoms when used as drugs. In Homœopathy we use the root of the officinal plant, which comes to us from the South of Europe. It was formerly used as an anodyne. This term is applied to medicines that relieve pain: 1st, either by actually assuaging pain, *paregories*; 2d, those that relieve by producing sleep, *hypnotics*; 3d, those that give ease by stupefying the senses, *narcotics*. It was also used as a *tonic*, and since the days of Galen the root has been commonly employed as a remedy for epilepsy. For this purpose it was cut into thin slices, which were attached to a string and worn round the neck as an amulet; if this failed to relieve it was given internally, in the form of a powder. Many writers in modern times have declared it to be of no use, or only of use in some cases. The reason of this is quite evident; there can be no specific in any disease, and if in the "old school" they had a law to guide them, they would be able, as in Homœopathy, to select the drug that had an affinity of symptoms (as shown by its effect on the healthy) to the individual under treatment. First, on healthy people the *Pœonia* produces, among other things, many varieties of pain, headaches, boring, darting, tearing, gnawing, sticking with pressure, aching (*Paregoric*), rushes of blood to the head, restless sleep (*Hypnotic*), with fancies and

dreams. Second, languor, weariness on walking, heaviness in the chest and limbs in the open air, languor and heaviness of the limbs relieved after eating, great prostration in the evening, hence, its power to relieve as a tonic. Third, it produces many symptoms similar to epilepsy—rush of blood to the head, nausea, hissing in the head, vanishing of the senses (*Narcotic*), fainting after walking up-hill, vertigo during every motion, constant reeling sensation in the head, staggering to and fro, heat in the head, “*crawling in the fore-arm as from something alive, transitory creeping in the fingers and sides.*” Now, in epilepsy, one of the most striking premonitory symptoms is what is called the *Aura epileptica*, a sensation compared to a stream of warm or cold air, or the trickling of water, or to the creeping of an insect, which commences at the extremity of a limb and gradually runs along the skin toward the head. With *Pæonia officinalis* I come to the end of, and very reluctantly close, the magnificent natural order *Ranunculaceæ*, an order containing so many splendid medicines, and deservedly occupying the position of Natural Order No. 1.

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## THE RELATION OF DRUGS TO PREGNANCY.

L. HAMILTON EVANS, B. A., M. D., TORONTO, CANADA.

(Bureau of Obstetrics, I. H. A.)

“I have got in the family way, and I want you to give me something to get me all right.”

Such is the statement, such the request occasionally made to us by some of our patients. I cannot say what answers you are accustomed to give, probably they are various, according to the varying circumstances of individual cases, and your own peculiarities of thought and language. The following reply would, in most cases, perhaps, be substantially appropriate. “If you are right, you are wrong, because you are all right already. In other words, if you are correct in stating that you are in the family way, you are mistaken in supposing that you require medicine to cure you of that condition, because it is not, of itself, a disease.”

This, I repeat, would be in many cases, a proper reply, though

not always an acceptable one to our applicant. Disease might be roughly defined to be a state or condition of a living organism in which the never-ending changes which constitute life are not succeeding each other in proper order—are not going on in such a manner as to conduce to the physical aim or object of its material existence—that this aim or object is two-fold. First, the comfort or pleasure of the living creature; second, the reproduction of its kind—the perpetuation of its species. Now, if these two objects are associated in one individual by a perfect intelligence, they cannot be incompatible with each other. Consequently the carrying out of the instinct of reproduction, in the case of beings in a perfect state of nature, is not incompatible with the enjoyment of a condition of perfect comfort; in other words, pregnancy is not, in itself, a disease.

This being the case, and seeing we use drugs, as such, for the cure of disease, how can there exist any relation between drugs and pregnancy? It would seem, at first sight, that the whole subject of this paper might be disposed of in as few words as the celebrated chapter on the snakes of Ireland. On more careful consideration, however, we find that it presents a few points worthy of being studied.

The fact is, the whole human race, or at least that portion of it with which we have directly to do, is born in a state of hereditary disease, dormant, it is true, in many cases, yet none the less a source of danger and distress to come on this account; perhaps, indeed, more dangerous because latent, as a foe in ambush is more to be dreaded than one arrayed against us in the open field of battle. As age advances, and the various functions of nutrition and reproduction successively develop, the increased activity of the vital forces, acting upon and being acted upon by this development, is accompanied by an increased activity in the latent germs of disease, and necessarily so, since we must suppose that the force which develops one phase of vitality will develop another, and disease itself is life only gone astray.

In illustration of these remarks, I may refer briefly to the period of dentition in infants. If teeth are necessary adjuncts of nutrition in certain stages of our existence, and if we come



into the world without them it cannot be that we must necessarily undergo suffering in acquiring them. Yet, as a matter of fact, we do often find ourselves compelled to endure much pain and discomfort in the act. It is quite common to connect the two together as bearing the direct relation of cause and effect. But this is proved to be a mistake, for the reason already given. Whence, then, the suffering so often observed? It can only be the result of a previously existing and possibly up to this time latent condition of disease, and on this ground alone can we attempt to relieve the pain, with radical benefit to the sufferer. And here it is worth remarking that if we treat such cases, and all cases of suffering, with due regard to the underlying disorder, we not only avoid the damage which the use of mere palliatives would inflict, but we confer a lasting benefit upon the sufferer.

The foregoing remarks will suggest a reason why we may frequently find the use of drugs applicable to the condition of pregnancy. I should rather say applicable to a patient in that condition. This state not only exalts the vital functions of the prospective mother to the highest point in themselves, but it appears to go a step further. The new being not only receives life from the parent, but by the law of reaction imparts vitality in its turn. I can only in this way account for the fact that some women enjoy better health at this time than at any other, some cases of consumption even being to all appearance temporarily stayed. It is true many suffer severely while in this condition, and for a somewhat similar reason as before explained.

Now, seeing that the action of drugs in the cure of disease is indirect, and depends upon the reaction of the vital forces; seeing, furthermore, that many cases of apparently acute disease are not radically acute, but only the acute manifestation of a chronic cachexia; it follows that if we have at heart the permanent benefit of our patients, we should ever be on the watch for such occasions of treating acute disorders, as well as chronic ailments, as are presented to us when the vitality of our patients is at a high point of activity. Such an occasion is offered, perhaps more than under any other circumstances, by the condition of pregnancy.

## SYPHILIS AND GONORRHOEA.

CLINTON, N. Y., April 11th, 1890.

T. D. STOW, M. D., Chairman Bureau of Surgery, I. H. A.

DEAR DOCTOR:—Your appeal through the *Advance* has been heard, and I hasten to say that while my practice in venereal diseases has not been so large as some, it has extended over a period of twenty years or more, during which time I have treated both syphilis and gonorrhoea in their various stages, with more than ordinary success.

My first practice was allopathic, which, to say the least of it, gave but poor satisfaction to myself, much less to my patients.

The first case I ever treated homœopathically was that of a printer while I was attending homœopathic lectures in Philadelphia. His was an old chronic case of gleet which had resisted the best allopathic talent obtainable in the city. He was a young man but twenty years of age; his constitution showed signs of physical abuse in more ways than one. He had light hair, blue eyes, and soft, flabby muscles. His temperament was sanguine-lymphatic. After a still-hunt of two or three days I prescribed Sulph.<sup>200</sup>, one dose, which aggravated for a day or two and then rapidly progressed to a cure.

No. 2 was a case of secondary syphilis in a man thirty-five years of age who had been treated from the time the chancre first appeared up to the time he called on me, without the slightest benefit whatever, as the disease had in nowise been checked, nor the sufferings of the patient relieved in the least.

The character of the skin, which was covered with dirty brown spots mingled with which there were open sores presenting ragged edges, and bleeding when touched, decided me in favor of Nitric acid<sup>500</sup>, which I gave him one dose every Sunday night, for two months, when he got no more medicine, but experienced a cure of his syphilis.

No. 3 was an abandoned woman who was both an object of

charity and contempt, from the fact that there was not a patch of sound skin on her body the size of your hand.

Her sores were ragged and bleeding. There was an odor in her room of horse urine. Nitric acid<sup>30</sup>, continued for two weeks, three doses per day, cured in four months. She became fat and hearty and resumed her old practice.

No. 4 was a case of chancre on the top of the glans penis; chancre was hard, with everted edges. Merc-sol.<sup>30</sup>, one dose every night for a fortnight, relieved him of the chancre, likewise all traces of the same, and this notwithstanding the fact that he worked in the rain in a gravel bed on the railroad as a construction hand.

During the month of December, 1889, there came to me a gentleman of color whose age and gray wool should have been the result of a riper experience. But he had been to Utica two weeks before and had been seduced by a pretty "yaller gal." The chancre was hard and elevated on a hard base. I gave him Merc-sol.<sup>1600</sup>, one dose, and blanks to interest him. He came afterward—to use his words, "Them powders are boss."

This will illustrate a practice which I have followed for over twenty years. I am satisfied that physicians who resort to harsh measures in venereal diseases do much harm by driving the virus from the sensitive and receptive generative organs to the deeper structures. Local applications for either syphilis or gonorrhœa are neither necessary nor admissible, further than absorbent cotton to the chancre for the sake of cleanliness, and, possibly, hot water injections in the inflammatory stage of gonorrhœa.

I send you this short report as one link in the chain of evidence in favor of Hahnemannian Homœopathy. If you think it advisable in the case you can use it.

I treat all cases of venereal just as I do other sickness; after discovering the cause from the symptoms which I find presenting, I treat the conditions with the homœopathic remedy.

Yours very truly,

I. DEVER, M. D.



## HOMŒOPATHY AND PATHOLOGY.

B. L. B. BAYLIES, BROOKLYN, N. Y.

The homœopathic physician is only successful and consistent with his profession when his practice is based upon a proper study of symptoms. A remedy's homœopathicity is not discernible in the pathologico-anatomical changes which its poisonous operation shows in the dead body ; for other medicines may show a similar morbid anatomy : Phosphorus and Tartarized Antimony, for example, both cause inflammation of the brain, organs of respiration, stomach, and alimentary canal. Other medicines cause common inflammation of one or of several organs. How, then, shall a selection be made from several drugs of that one adapted to cure a particular case ?

The old school prescribes, in a measure, according to some *a priori* theory of the pathological relation, but the homœopathician has verified the only law of cure, that discovered by HAHNEMANN, the only guide to the selection of the efficient remedy. Not according to presumed similarity of the anatomical changes caused by it to those *assumed* to exist in a given case, but according to that relation to the disease *process* determined by its similar symptoms, is its consequent eliminating and healing power. The nature, extent, and location of disease concern us for prognosis ; and medicines may be partially classified for analytic and comparative study, according to their pathopoetic bearing upon the particular side or parts of the body affected ; but pathological anatomy has no direct bearing on therapeutics, it relates to the not always possible *post-mortem* diagnosis, the detection of fatal poisoning, medical jurisprudence, rather than the art of healing. We are for healing purposes, operative surgery excepted, more interested in *subjective* than *objective* phenomena, whether presented immediately or mediately to our senses. And that mysterious, subtle process, which underlies all the phenomena, is the *true* and essential disease which only the homœopathic remedy is able to combat and annihilate.

## CLINICAL CASES.

EDWARD RUSHMORE, M. D., PLAINFIELD, N. J.

(Clinical Bureau, I. H. A.)

INTERMITTENT FEVER—SEPIA.—A middle-aged, single lady, living near swampy ground, has chilliness in the afternoon, with coldness of the nose. She wakens at three A. M., with heat and throbbing in the abdomen, followed with perspiration of the feet and of the palms. Several other members of the family have had intermittents in former years. Sepia<sup>cm</sup> (F.), one dose dry, and subsequently repeated in water, cured her.

PROLAPSE OF RECTUM. BACKACHE—RUTA, CONIUM.—An old gentleman had prolapse of the rectum preceding very difficult stool. Ruta<sup>900</sup> (F.), one dose, entirely relieved him of this difficulty. On another occasion, the same gentleman complained of a dribbling, intermittent flow while urinating. He received one dose of Conium<sup>900</sup> (F.), and said it fully relieved him.

Of Ruta, I would like to add that, in the early stage of a malignant disease of kidney and bladder, it relieved, for a considerable time the pain in the back, and was given because the pain in the back was relieved by lying down on the back. This condition has been verified as a trustworthy indication for the use of Ruta in many other cases.

COUGH—KALI-CARBONICUM.—A boy of eleven years has grown very fast; he gets an ulcerated sore throat from slight exposure, and has often had a cough. A brother died before this patient was born from scrofulous swellings following scarlatina, under the treatment of an eclectic homœopath. He now has a severe cough day and night, with vomiting of food. The cough is worse about three to four o'clock in the morning. He sweats easily. The pulse is one hundred and fourteen. Temperature one hundred and one to one hundred and two. There is sharp, bronchial respiration in the upper part of the right lung posteriorly. Loss of appetite and of flesh as well. He has been under the care of the same eclectic homœopath.

He received one dose of Kali-carbonicum<sup>cm</sup> (F.), graft. At the end of three weeks, the pulse and temperature were normal, and the cough almost wholly removed.

MELANCHOLY—SULPHUR.—A young lady, scarcely grown, has, for a long time, suffered from melancholy and depression, a feeling as if she is going to die. She is dizzy and faint on rising in the morning, and has occasional obscuration of sight, when objects appear both dim and crooked, and it seems as if her eyes are not in their proper place. Besides, she has a bad taste in the mouth, weakness at the stomach, and eructations if she takes coffee, and constipation (if she takes coffee), for which she has taken Aloes. The menses occur four or five days too soon, but are otherwise natural. She is sleepy by day, more so in the afternoon, but sleeps well at night. She is easily chilled, and takes cold easily. To get the feet the least damp makes the forehead feel heavy, the eyes feel strange, and gives them a hollow look.

She received one dose of Sulphur<sup>cm</sup> (F. C.). Six months later her father, visiting me for himself, told me she recovered both from the melancholy and the bodily ailments soon after taking the medicine, and that she had remained well to that time. I have every reason to think that she has had no return of the symptoms.

UTERINE BEARING DOWN—BELLADONNA.—An aged lady complained of a sense of fullness and much bearing down in the lower abdomen, worse in lying down, and relieved by sitting up. Belladonna<sup>50m</sup> (F. C.) relieved her in a short time.

HEART COLDNESS AND TREMBLING—NATRUM-MURIATICUM.—An aged lady had a sense of coldness at the precordia, and trembling of the heart. Natrum-muriaticum<sup>900</sup> (F.), one dose, removed both these symptoms.

CHRONIC COUGH—AMMONIUM-MURIATICUM.—A gentleman wrote me from California that he had suffered there, for several years, with bronchitis and cough, with a feeling of coldness between the scapulæ. I sent him Amm-mur.<sup>21m</sup> (F.), ten powders, to be taken at intervals. In about three months he wrote to



say that he was so much better he thought he did not need more medicine.

I always examine Amm-mur. in cases of cough, with coldness between scapulæ or shoulders. It has nearly always been found suitable and helpful.

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## CLINICAL CASES.

CLARENCE N. PAYNE, BRIDGEPORT, CONN.

**RHEUMATISM.**—Mrs. Emma K., colored, rheumatism. First saw patient May 28th, 1889. Found her in bed and that she had been sick two weeks, but would not have a doctor before, preferring to treat herself with all kinds of liniments, but as, in spite of this, she was getting worse, thought better of it and sent for me. Condition as follows: Pain appears in different joints and only stays in one place about two days, when it changes its location, as from ankle to knee, then hip, next the back, leaving parts first attacked only to return to them again.

Joints swollen, sore, and throbbing, worse by motion. Little thirst. Fair appetite. No sleep, because "so nervous." R Puls.<sup>15</sup>. Dose every two hours.

May 30th.—Better than any time for two weeks, yet weather is damp and rainy. Much less throbbing and pains, but joints stiff. No sleep. Continued Puls.<sup>15</sup>.

June 1st.—Very little pain now, only stiffness on attempting to move, as if tendon pulled. Has had some sleep. R Rhus<sup>30</sup>. Two hours.

June 4th.—Stiffness better, but some return of soreness and pain. Returned to Puls.<sup>15</sup>.

June 6th.—Found patient walking about out-doors for first time. Discharged cured.

**VOMITING AND DIARRHŒA.**—Susan C., age twenty-one.

Called June 21st, 1889. *History*: For past three weeks has vomited nearly everything taken on stomach. Region of stomach very sore to pressure. Eructations tasting of food. Has been chilly and hot alternately for past three weeks. Has kept

about, however, till to-day. Has had more or less attention from an old-school physician with no good result.

*Present condition* as above, and as follows: Bowels loose, small, thin, green movements. Pain in back and limbs, so severe cannot keep still, must move. Seems like a nervous agitation. Severe headache, worse on top. Tongue yellow and dry. Poor sleep last two weeks. Water will *stay* on stomach a *few moments* and is *then vomited*.

Temperature 103.8°. Pulse 120. R Phos.<sup>3</sup>.

June 22d.—Found patient had not vomited after taking Phos. Stomach feels better. Pain in head and limbs still very severe. Restless and poor sleep. No record of temperature and pulse this day. Changed remedy to Rhus<sup>3</sup>.

June 23d.—Much better in nearly every respect. Less restless. Some sleep. All pain much relieved. More *soreness* of bowels, however, which are tympanitic, and soreness worse on right side, low down, bowels moving often, greenish-yellow, but without pain or tenesmus. Noticed, for first time, a red triangular tip on tongue, the remainder of tongue having yellow coating. Temperature fallen to 100.3°, and pulse to 88. Rhus<sup>30</sup>.

June 24th.—Pain all gone. Temperature and pulse *normal*. No nausea or vomiting. Tenderness of bowels better. Bowels still moving, but without pain and more natural color. R China<sup>3</sup>.

As patient was eight miles in country, I did not see her again, but on June 27th she sent word that she was rapidly convalescing.

DIARRHŒEA.—Elmer B., age about twenty-one, blacksmith. Called to patient July 21st, 1890. Found him in condition of great prostration. For past three nights (especially) had many profuse watery stools, preceded by colicky pain and rumbling, and imperative desire for stool, followed by sense of emptiness in bowels and relief of pain. Has also much nausea, vomiting, and retching. Intense thirst for large amounts. Tongue coated with red tip and edges. Gave him Verat-alb.<sup>3</sup> which immediately controlled whole condition. No return of movements or vomiting after first dose.

## GRAFTS.

NONCHALANTA, NESS COUNTY, KANSAS, Sept. 30th, 1890.

EDITORS HOMŒOPATHIC PHYSICIAN:—What is your idea of the two articles in the September number of the *Homœopathic Recorder*, on “How Hahnemann cured,” and “Grafts”? Such articles tend to produce confusion and deter the novitiate from entering the field of sure cure. I have but little experience with grafts, and was very slow even in trying them, but I thought no one could convince me either way as well as experience, so I sent after twenty-two remedies. The result has been satisfactory so far as tried. One case where I used the graft of Cina<sup>10m</sup> I consider remarkable. A child was extremely low, picking nose, etc. Parents had *never seen any worms pass per anus*. I gave the child Cina<sup>3</sup>, no results. In fourteen days I gave Cina<sup>10m</sup> from graft, and was surprised to find many worms, pieces of all sizes and shapes, pass from the child within a day or two. In about ten days all indications of worms per rectum were absent. One more dose of the same graft, Cina, brought more worms from the child, and with its action most decided improvement in every way. I gave Onosmodium<sup>3</sup>, and same, 30, during a long time for deafness with dryness of ears; no secretion whatever; especially deafness for the human voice; could hear the clock tick during laughter and conversation, but very difficult to hear a voice, unless very distinct. The 3 and 30 gave no benefit. I sent after Onosmodium<sup>cm</sup> graft, and, behold! the ear begins to secrete, the noises cease, hearing *much* improved, as well as the general health. This is the result of two doses ten days apart. I shall continue the remedy with the expectation of final recovery. I am using from the 200 to the 1,000 principally, but the results of the grafts in the CM have been so brilliant I shall continue my investigation. In such matters I take no man’s word, but investigate for myself. To make sure of the result I am careful to get the exact remedy instead of guessing, and then opposing either high potencies or



grafts. My 200 to 1,000 I get from Bœricke & Tafel in fluid form. My few grafts I get from Dr. Swan.

Until a year past I used nothing higher than the 12x. Now I am so well pleased and find such wonderful results from the high potencies that I use nothing less than the 200. I had a case of threatened abortion and made a test of the high potencies. The case, second pregnancy, third month, had severe pains, a great loss of blood, and *could not move without the flow increasing; pains from the back to the pubis*, etc., Sabina<sup>1000</sup> (B. & T.) one dose in water entirely cured, and the woman is now doing her own work, and has no bad result whatever from the trouble.

Before I had the high potencies I dreaded labor cases. Now I have no trouble with them. My mountain fever cases get along without a crisis, whereas I could not do this with the low potencies. With such an experience, though very short, who could or would go back to the flesh-pots of Egypt in the form of allopathic palliatives, or to the slow acting and uncertain low potencies? The reason so many young men have the high potencies and remain in the valleys of the low, is the want of sufficient knowledge to use the high. It requires a much *closer* prescribing to derive any benefit from the high. If I did not know what to give, I should never give a high potency. It does not make so much difference with the low, yet Sac-lac. is the best remedy in an uncertainty. Whilst I am still investigating the graft question without a definitive opinion as yet, I have no doubt as to the high potencies being the *very best* for promptness, effectiveness, and enduring action.

I think you should speak on the question of grafts and Hahnemannian high potencies without reserve. Many young men are on the fence undecided, and will watch for the articles for the journals professing to teach pure Homœopathy. Sharpen your quill, dip it in the fluid of truth and experience and write. Blow your horn of eternal truth without fear or favor. What we want is *the* truth, whatever that may be.

Yours truly,

W. A. YINGLING.

## VERIFICATIONS IN THE OCTOBER NUMBER.

EDITORS HOMŒOPATHIC PHYSICIAN :

When I sent you the little article which appeared on page 475 of the October number, I did not deem it worthy of a *name*, but observe that you have nominated it "verifications." Certainly if the child had to have a name this was an appropriate one, but now comes a subdivision, and the writer is startled on discovering that (according to the first caption that met his gaze) he had written on "Hydrophobia" instead of *Tetanus*, as he had supposed. The contagiousness of the malady is obvious, from the fact that he felt himself becoming "mad" at once.

You doubtless thought that by thus giving it a name of a disease which was *similar* you would render the article more homœopathic. Be that as it may, its action upon myself was quite remarkable if not soothing. However, I must destroy your poetic idea by asking that you call attention to the fact that I am not responsible for an error which places me in a rather ridiculous light. I am, yours respectfully,

WM. JEFFERSON GUERNSEY.

[We regret exceedingly the error of which Dr. Guernsey complains. Our deliberate intention was to put the word *Tetanus* at the head of the paragraph, but our thoughts becoming drawn to the question of hydrophobia by the doctor's suggestive case we mechanically wrote that word.—EDS.]

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## WEAKNESS AFTER URINATION.

EDITOR HOMŒOPATHIC PHYSICIAN:—After prescribing several seemingly indicated remedies for a male patient, a few months ago, with no curative result, I learned—or rather he expressed himself differently in trying to convey the idea or sensation he had previously expressed in other terms—that he suffered after urination with a feeling of weakness, relaxation, very distressing in character, in the sexual organs ; said he must

have seminal emissions each time he urinated, as he felt just as he used to after masturbating. This condition I found to be met by Berb-vulg., which I gave him in the CM potency, and improvement began with the next act of urination. My patient was so distressed by the condition that he was becoming melancholy. The case as I took it for this prescription very strongly suggested Staph., but this peculiar condition of distress and weakness after urination made me decide in favor of Berb-v., with a very happy result and a verification of the recorded condition.

PHENIXVILLE, PA.

ROBT. FARLEY, M. D.

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### A PROVING OF NUX-VOM.

ELLA M. TUTTLE, M. D., NEW BERLIN, N. Y.

July 9th.—Miss M., aged thirty-four, blonde, touched the tongue to *Nux-vom.* About two hours afterward she began to have cramps in the pit of the stomach, with a feeling of nausea *in the throat*. The cramps extended to the region of the right lobe of the liver and the right side of the abdomen with a constant *fruitless* desire for stool. Fullness and heat in the pit of the stomach, followed with a feeling as if eructations would relieve but found it impossible to raise any gas. There was a dull frontal headache with a full feeling in the head, aggravated by stooping, also swimming in the brain, with a tendency to fall forward, worse by stooping. She was very irritable, desired to be let alone, and had a great aversion to any mental effort. All the symptoms worse by thinking about them.

July 10th.—Symptoms all gone except a dull feeling in the head. Bowels constipated, stool scanty.

July 11th.—A painless diarrhoea in the morning.

July 15th.—The same sick feelings returned, also a scraped sensation in the pit of the stomach. The stomach sensitive to pressure.

Since the above date the lady has had no more symptoms except alternations of constipation and diarrhoea. The most marked symptom seemed to be the nausea in the throat.



## BOOK NOTICES.

### CENSUS BULLETIN No. 9. Robert P. Porter, Superintendent of the Census.

This bulletin announces the results of the census of the manufacture of pig-iron; from which it appears that the total production of pig-iron was 9,579,779 tons, whilst in the census year, 1880, it was 3,781,021 tons.

### CENSUS BULLETIN No. 6. Robert P. Porter, Superintendent of the Census.

This bulletin deals with the financial condition of all the counties of every State and Territory in the Union. It is a pamphlet of twenty-six pages, full of formidable tables and interspersed with maps of the various sections of the United States, showing at a glance just what the indebtedness and where located.

These bulletins are certainly valuable to all who are interested in the general prosperity of this nation.

W. M. J.

### CENSUS BULLETIN No. 10

Contains the report of the total production of quicksilver; from which it appears that the total production in the United States for ten years was 407,675 flasks, valued at \$13,480,500.

### CENSUS BULLETIN No. 11

Shows the statistics of transportation in the United States, including rapid transit in the cities.

### JOURNAL OF BALNEOLOGY. Issued by the Journal of Balneology Publishing Co. New York, P. O. Box 1670. Vol. IV, No. 3, August, 1890.

This is a comparatively new journal, devoted to information concerning natural mineral springs, health resorts, and sanitariums. It is a bi-monthly journal; price, \$1 a year, in advance.

In an address to the medical profession the publishers say: "The aim of the journal will be to present each month, in as concise a manner as possible, all available information regarding the therapeutics and the chemical composition of mineral springs, their location, climate, convenience of access, and hotel accommodations. It will also consider the value of thermal springs, the climatology of seaside and inland resorts, their availability for the con-

venience of the invalid and for the rest and recreation of those who desire to maintain the health and comfort of themselves and families."

The number before us contains an interesting article upon the Hot Springs of Arkansas, besides other interesting articles. If the volume when completed is supplied with a thorough index to all the articles that have been published, it must prove a valuable work of reference. W. M. J.

**PHYSICAL DIAGNOSIS AND PRACTICAL URINALYSIS.** An Epitome of the Physical Signs of the Heart, Lung, Kidney, and Spleen in Health and Disease. Edited by John E. Clark, M. D., Professor of General Chemistry and Physics in the Detroit College of Medicine. Forty-one illustrations. Cloth, 12mo, two hundred pages; price, postpaid, \$1.00. Illustrated Medical Journal Co., Publishers, Detroit, Mich.

In the arrangement of this work the object has been to present to the medical student and practitioner a systematic and condensed course of Physical Diagnosis and Urinalysis. The portion on Urinalysis will be found to consist of two parts, practical and reference. The editor believes there is a demand, in many medical schools and by many medical students, for a short, definite course of organic chemistry, touching alone on those subjects of everyday interest to the medical practitioner, such as the analysis of urine, chemical and microscopical; the examination of sputa, bile, blood, bacteria, etc.; methods for the quantitative estimation of the more important urinary constituents, normal and abnormal, such as urea, chlorides, sugar, albumen, etc. To meet these requirements the editor has compiled this volume. Teachers in the laboratory will find the work of advantage as giving the plan for definite instruction with such manipulatory details as will enable students to pursue the course of urine analysis with the minimum of assistance. This is essentially the same as the course given by the editor in the college with which he is connected. Plates have been introduced as needed to still further assist in elucidating the text.

**THE BALTIMORE FAMILY HEALTH JOURNAL.** Published every month. Price, \$1.00 per year. Edited and published by Flora A. Brewster, M. D., and Cora B. Brewster, M. D., 1027 Madison Avenue, Baltimore, Maryland.

This periodical of about twenty-four pages a month is edited and published exclusively by ladies; the editorial staff, including, besides the above publishers, Professor Elizabeth J. French. It is intended for the home circle, and to instruct the family in those simple rules of conduct and of hygiene which are of so much importance in taking care of the health. Thus we find an excellent article upon self-control, which of itself will prevent much sick-

ness; an article upon cooking, impure air in dwellings, etc. We cordially recommend this journal.  
W. M. J.

THE FAMILY HOMŒOPATHIST; OR, PLAIN DIRECTIONS FOR THE TREATMENT OF DISEASE. By E. B. Shuldam, M. D., Seventh edition; London, E. Gould & Son, 59 Moorgate Street.

This is a little 16mo volume of 150 pages, containing concise and plain directions for treatment of common diseases. The indications for the remedies are very clear and simple.

There is an introduction which, in a very few pages, is a very good defense of Homœopathy. This is followed by a chapter containing "hints on health," a chapter of "directions for taking the medicines," and a short *Materia Medica*. Then follow the different diseases with indications for the remedies as above mentioned.

Here and there we regret to say alternated remedies are recommended, marring the value of the book. Barring this defect, it is a clever and handy little volume for the laity.  
W. M. J.

EPILEPSY, ITS PATHOLOGY AND TREATMENT. By Hobart Amory Hare, M. D. (University of Pennsylvania), B. Sc. F. A. Davis, publisher, Philadelphia, and London, 1890.

Among the best of the *series* of medical works issued by different publishers for the instruction of the profession is *The Physicians' and Students' Ready Reference Series*, published by Mr. F. A. Davis, of Philadelphia. They are octavo volumes, excellently printed, and neatly bound. The work now under notice is No. 7 of the series.

Its author is a rising young Philadelphia physician, who, though he has been but a few years in practice, has drawn considerable attention to himself by his brilliant work as an investigator, a teacher, and an author.

This is the essay for which the author was awarded a prize of four thousand francs by the Royal Academy of Medicine, of Belgium, last December.

The essay is an exhaustive and well-written treatise upon epilepsy, conveniently divided off into paragraphs, with titles in heavy black type, agreeably to the plan in all the members of the series. In this book one can find recorded all that is worth knowing concerning epilepsy in a condensed form. It is, in fact, an encyclopædia of this strange disease, with the information concerning it well arranged for quick reference. The view of the author is that the epileptic seizure, which he very aptly terms the "nerve storm," originates in the cortical substance of the brain, and consists essentially of a sudden "explosion of nerve force." Considerable evidence is brought forward to sustain such a view.

The treatment, of course, we cannot indorse, the recommendation being



chiefly for the bromides, especially the Bromide of Potassium, in immense doses. The author rather inconsistently says that no poisoning results from such quantities, yet warns his reader against the dangers of Bromism.

If the writer were but convinced of the truth of Homœopathy and of the utility of its therapeutics, and could have added an exposition of them as able and as thorough as his description of the disease, the book would have been almost perfect.

W. M. J.

**KATE FIELD'S WASHINGTON** is a National Independent Review, published every Wednesday, and mailed to regular subscribers at four dollars a year.

It is a bright, spicy magazine with dashing editorials and interesting miscellaneous articles. It is the famous publication whose author uses the "big I" in her breezy editorials. Accordingly its title-page is decorated with a big I and the spread eagle. For subscriptions apply to **KATE FIELD'S WASHINGTON**, 59 Corcoran Building, Washington, D. C.

We have received the following :

**REPORT AND RECOMMENDATIONS OF INTERNATIONAL AMERICAN CONFERENCE UPON POSTAL AND CABLE COMMUNICATION WITH CENTRAL AND SOUTH AMERICA.**

This pamphlet is a recommendation for a government subsidy of a telegraphic cable in the Pacific Ocean between San Francisco and Valparaiso in Chili, and for promoting postal communication.

**REPORT AND RECOMMENDATIONS CONCERNING SANITARY AND QUARANTINE REGULATIONS IN COMMERCE WITH THE AMERICAN REPUBLICS.**

This report is upon a means of so harmonizing measures for the prevention of the spread of disease that there shall be no conflict between the diverse sanitary regulations which the American nations have adopted to protect themselves from these infectious diseases.

We quote a significant paragraph :

"Complete isolation, which theoretically appears to be the most effectual prophylactic against the invasions of epidemic diseases, does not afford in practice satisfactory results as a sanitary measure, but tends, on the other hand, to notably injure the commercial interests of the countries. The distinguished professor, Dr. Francisco Rosas, President of the Sanitary Congress of Lima, thus expresses himself on this point: 'It is scientifically demonstrated by innumerable facts that the closing of ports and frontiers does not prevent the invasion of epidemics, that these enter and develop with greater violence in the countries which pretend to isolate themselves, because, under the mistaken belief that they are free of all danger, they disregard the proper

means to restrain the development of the epidemic and, above all, to lessen its severity.”

The reader should now refer to Dr. T. Dwight Stow's paper on contagion in *THE HOMŒOPATHIC PHYSICIAN* for February, 1888, page 49. The pamphlet then gives the text of a treaty for the regulation of the quarantine practices between the several countries, reducing them to a uniform code.

## NOTES AND NOTICES.

GRACE HOSPITAL, DETROIT.—The next regular examinations for position of Assistant to the House Surgeon will be held at the Hospital, on Thursday, November 13th, at 8.30 P. M. The term of service is eighteen months: first six months as Junior Assistant; second six months as Senior Assistant; third six months as House Surgeon.

Applicants must show evidence of graduation from a recognized Homœopathic College.

All applications to be addressed to the President of the Medical Board, The Grace Hospital, Detroit, Mich., and must be presented not later than November 10th, accompanied by certificate of good moral character.

REMOVALS.—Dr. L. H. Lemke has removed from Warrenton, Mo., to Higinville, Lafayette County, Mo. Dr. H. A. Mumaw has removed from Orrville, Ohio, to Detroit, Michigan. Dr. Herbert Beals from 370 Michigan Street to 160 Franklin Street, Buffalo, New York. Dr. H. W. Andrews from Chillicothe, Illinois, to Spokane Falls, State of Washington. Dr. W. S. Gee has returned from a brief sojourn at Manitou Springs, Colorado, to his office, 5226 Washington Avenue, Chicago. Dr. S. M. Cate from Salem to Harvard, Mass. Dr. Lawrence M. Stanton from 120 West 129th Street to 71 West 88th Street, New York. Dr. Frank Kraft, in consequence of his appointment as Professor of Materia Medica in the Cleveland College, as announced in our October number, page 437, has removed his office from Sylvania, Ohio, to 29 Euclid Avenue, Cleveland, Ohio. Dr. Charles Deady has removed to 59 West 49th Street, New York. He treats diseases of eye and ear exclusively.

### FUN FOR DOCTORS.

REMARKABLE GENEROSITY—A.—“A more deserving medical man than our friend Richard does not exist. He very frequently accepts no fees from his patients!”

B.—“You don't say so!”

A.—“For he generally settles with the heirs.”—*Fliegende Blätter*.

DR. LIMBOFF—“Miss Clara, I heard you quoting: ‘And sat like Patience on a monument.’ Now what does that mean? I never saw Patience on a monument.”

Miss Clara—“No, doctor, but I fancy you are quite accustomed to seeing a monument on your patients.”—*The Jester*.

# THE HOMŒOPATHIC PHYSICIAN,

A MONTHLY JOURNAL OF

HOMŒOPATHIC MATERIA MEDICA AND CLINICAL MEDICINE.

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"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine."—CONSTANTINE HERING.

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Vol. X.

DECEMBER, 1890.

No. 12.

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## EDITORIAL.

THE DOSE.—We call the attention of our readers to Dr. Lilienthal's article entitled "Another Dose about the Dose," in this number of THE HOMŒOPATHIC PHYSICIAN.

There are many members of the homœopathic school who are asking the same question; why is not the dose of the remedy indicated in all works on treatment?

Dr. Lilienthal has given an answer, and has happily illustrated it by cases. In a private letter to this journal, the venerable Doctor declares his inability to solve the question, and, with charming frankness, declares himself "a mongrel" who could never be admitted to the International Hahnemannian Association or the Legion of Honor of the homœopathic profession.

He appeals to us to aid him in his answer. We are as helpless as himself for a solution of the question. Only time, by the ponderous and exceedingly slow process of evolution, can bring an answer. Homœopathic physicians can help that evolution by strictly and faithfully applying the law of the similars, giving only one drug at a time, and seeking only the smallest dose that will cure. This will be recognized as the old and oft-repeated advice of Hahnemann, and that of all the old guard of his faithful disciples.



Those who follow such advice are, however, derisively called "symptom coverers" by the majority who, nominally of our school, yet feed from the pathological flesh-pots. This stigma is, of course, unjust. The real symptom coverer is the surgeon who cuts out the ovaries to cure painful menstruation; the doctor who relieves an "overloaded bowel" by a purgative, or deadens the sensibility to pain by an opiate, or applies a fly-blisters for an inflammation. Those who do such things are the *real* symptom coverers.

On the other hand, the physician who takes the totality of the symptoms is seeking to gain a complete knowledge of the whole condition, to get a perfect picture of the disease. In applying his remedy he simply ensures that the remedy, the messenger, the agent which he sends, shall actually reach the spot where the enemy is located, and, coming in collision with him, shall annihilate him. Now, then, the dose must be so graduated that this triumph over the disease shall be just sufficient to accomplish the end sought, and yet not increase the suffering and danger to the system that must endure the shock of the battle. What dose shall this be? It is impossible to say. We must simply give the remedy according to our light, and, watching carefully the result, learn enough to advance us from one potency to another, until we have arrived at a conclusion. This method of procedure is strictly scientific. It has the true character of the scientific investigation of the physicist and chemist. When the physicist, the chemist, or the electrician seeks to solve some scientific question, he has recourse to a laboratory and to scientific instruments. The attempt with the apparatus, under such circumstances, to find a solution to his question is called an experiment. Prof. Tyndall happily called it "addressing a question to nature." Every phenomenon in nature is influenced by so many factors that means must be taken to shut out all of these factors save the particular one we are dealing with. This suggests apparatus. As every factor except the one under consideration interferes with the solution of the question, invention is taxed to devise means for shutting out these other factors. Thus modifications in the apparatus are made, and so it grows

into the many singular forms and complicated devices that distinguish scientific appliances. The plan of the apparatus is such, that, as far as possible, only *one* influence shall be present, in the experiment, at a time to produce the effect to be studied.

This is well illustrated in Prof. Tyndall's striking and beautiful investigations upon the Diathermancy of Air; the diamagnetic polarity of miscellaneous bodies generally supposed to be insusceptible to magnetism, and his experiments on magnecrystalline action.

Applying this method to the question of a prescription, we find that, if we would form any conclusion as to the value of a medicine in any given case of sickness, we must give it *alone*. No other factor, no "adjuvant means" of any kind whatsoever must be allowed to obscure our judgment and prevent an indisputable conclusion as to the efficacy of the medicine. Only one potency can be given at a time, and a sufficient interval must be allowed for us to be able to note its results and see our way clear to the next step in the progress of the patient.

From this point of view we cannot see how any physician can claim to have any clear understanding of what he is seeking to do with a patient when he alternates remedies, alternates potencies, or uses adjuvant means of treatment. With such prescribing, the question of medical treatment, the question of the dose will never be settled, and patients will continue to endure prolonged sufferings and uncertainty as to cure.

The plain road, therefore, toward that certainty in medicine which characterizes astronomy, and *which*—say what the skeptics will—is *attainable*, is by the similar remedy, the single remedy, and the minimum dose exactly as indicated by Hahnemann.

The continuation of that plain road is to be sought in *the proving of the potencies*. The symptoms of crude drugs are as different from the symptoms produced by the potencies as the symptoms of one drug differ from those of another. All these varieties of effect of the potencies of the same drug should be carefully separated, and, in any case of sickness, only that potency given whose symptoms most nearly correspond with

the sick condition. Then permitting the dose given to exhaust its action before giving another one, or changing the remedy, will clear the way for an intelligent conclusion as to the scope of any remedy or of any potency. An immense number of such observations made by a great number of intelligent physicians and recorded in the journals will enable some Kepler in the homœopathic school to formulate a law for the selection of the potency. The *repetition* of the dose is, however, a somewhat simpler matter. Any homœopathic physician who has ever given a remedy that was indisputably the simillimum, knows well the gratifying and prompt response he gets in the improvement of the patient's condition. He can trace with surprising clearness the decline of the painful or dangerous symptoms from day to day or from hour to hour. He knows well the folly of repeating the dose whilst this improvement continues. He perceives most clearly when the moment has arrived in which the dose has exhausted its action and it is time to administer another one. The question, therefore, is settled for him.

On the other hand, he who makes random or careless prescriptions, gives medicines in alternation, and in crude doses never witnesses any of these phenomena. For him they are a sealed book. Hence his uncertainty, his open scepticism, his hostility to the very principle he claims to espouse, and so arises a divergency of views which is an exact measurement of the angle between the satisfactory experience of the careful student of symptomatology, and the negative experience of the superficial or eclectic prescriber.

W. M. J.

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GRAFTS.—In our last number Dr. Yingling calls attention to an article in the September *Homœopathic Recorder*, and he asks for experience in the use of grafts.

Even slight observation will show the *Recorder's* article is written from the commercial standpoint and is not consonant with facts. "There is or was," says A. J. T., in the article in the *Recorder*, "still another way of making cheap sets of high potencies. Eight or ten students would club together and buy an original set of liquid high potencies from a pharmacist,



then subdivide them into as many sets of vials filled with alcohol." Then an attempt is made to show that these latter are of no value.

Now, if the "original" potencies were of any value, we should like A. J. T. to show us why the next higher number made from these proved valueless.

When such men as Hering, Lippe, Fellger, Bayard, Wells, and many others successfully used grafts, we shall ask for higher authority before we cease using them, as we have been doing for eighteen years.

Dr. Hering once told us of a severe case of pleurisy he was called to treat, in which the pain was agonizing. After determining the remedy he was chagrined to find the vial empty. It being late at night and some distance from his office, he was momentarily at a standstill. This lasted but a moment. He filled the empty vial with Sac-lac., succussed it thoroughly, administered it, and had a gratifying result.

Grafts when properly made are of value. Quantity has no place in homœopathies: quality and law are the essentials.

G. H. C.

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DR. DUDGEON ON HIGH POTENCIES.—Attention also is called to another article in the *Recorder*, extracted from *The Homœopathic World* for August. In this Dr. Dudgeon (to whom we all owe thanks for his translations of many of Hahnemann's works) tries to show that those who use the potencies of Fincke, Skinner, Lehmann, Jenichen and others are not following the teachings of Hahnemann, and, therefore, are not entitled to the name of Hahnemannian. Indeed, Dr. D. claims that the use of such potencies "is directly opposed to his (Hahnemann's) teaching and practice." We are aware that some of these potencies are made in a manner different from that recommended by Hahnemann; and we also know that men of reliance have put them to actual test and have found them beneficial. Further, the potency has nothing whatever to do with Hahnemann's Homœopathy, and Dr. D. knows it; the law is the all-requisite—and its corollaries. We are under the impression that a stereotyped

argument of the opponents of high potencies is that the followers of Hahnemann have made no advance since his day, and that they are not progressive. The results of a strict adherence to Hahnemann's teachings, and the use of these potencies are sufficiently well known; and this, in spite of many flings, is, after all, the only argument needed.

Says Dr. Dudgeon: "Those of us who practice Hahnemann's system *with modifications* (we italicize) suggested by experience and reflection, which we imagine, perhaps mistakenly, to be improvements [improvements on a law of nature? G. H. C.] do not announce ourselves as Hahnemannians or bestow on those who differ from us uncomplimentary epithets." And you do right in not announcing yourselves as Hahnemannians, but you do wrong, and are a fiction, when you take the name of homœopathist.

What is usual with those "who practice Hahnemann's system with modifications"? In our experience that simply means Morphia for pains, Quinine for intermittents, and the use of other hurtful drugs. We know of numerous instances in which we have been convinced that through the use of these crude drugs, these men "who practice Hahnemann's system with modifications" have caused the death of patients. And this was done under the name of Homœopathy.

Are the honest followers of Hahnemann to stand idly by and say nothing of the harm that is being done by these men, and thus impliedly indorse them as homœopathists?

For those whose practice is based upon the law of similars, and who adhere to that law, whether they use the crude tincture or the CM, we have only praise. But what of those who are constantly doing all in their power to belittle Homœopathy, by resorting, in many cases, to treatment that would put to the blush an old-school druggist? What of those of whom the allopathists say, "They are living a lie"?

We should feel recreant to our trust if we ever failed to denounce such treatment. We have a mission. Its proper execution demands that we should teach the people the difference between the genuine and the false; the right and the wrong;

fact and fiction ; law and empiricism ; the curative and the palliative ; and endeavor to have them know that temporary expedients have no rightful place in the treatment of the sick ; and that the only right and safe treatment is that based on Nature's law : SIMILIA SIMILIBUS CURANTUR. G. H. C.

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THE following, in substance, is related of Benjamin Franklin : On being asked if he thought a pail filled to the brim with water would overflow if a fish were placed in it, he replied, Gentlemen, when in doubt in respect of anything that can be put to a test, I always make the test before giving a decision.

Dr. Yingling has, perhaps unconsciously, followed Franklin's advice. We commend the same to all who rail against high potencies. G. H. C.

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THE OTHER SIDE.—Upon page 548 of this number Dr. T. F. Allen asks for the other side of the question of suppressing gonorrhœa by injections. Dr. Allen, however, does not call it suppression, but nothing else can be made of the treatment he advises. The other side is the side which decries the suppression of any external disease manifestation, and simply because that side has the best interests of the patient at heart, and knows what harm may result from suppression.

This is a truism : a sycotic gonorrhœa made to disappear by the use of injections, converts what might be terminated favorably to the patient into a latent, deep-seated affection which gives rise to a host of symptoms of a character that may simply be defined as infernal. The mental symptoms, particularly, are such as to make the victim of suppression such a burden to himself that he is constantly thinking of suicide. Every Hahnemannian should know this, even though his experience be limited to but one case of sycosis, as that affection was described by Hahnemann, Autenrieth, Bœnninghausen, and Granvogl.

That sycosis does not follow all cases of suppressed gonorrhœa is due to the fact that a large number of such are but simple urethritis, and in these cases astringent injections do little else than cause stricture.



To the victim this is formidable enough, but this is as nothing compared to the condition brought about by suppressing sycotic gonorrhœa. In this state the poor victim has all the *Sheol* he can care for, but not as much of it as should be doled out to him, who, professing a knowledge of beneficent Homœopathy, will resort to means that are not homœopathic.

Dr. Allen asks what is the harm of washing out the discharge from the urethra? We say plainly there is harm. It is far better for the patient to have the discharge continue, and if we could not have him view it from our standpoint we should permit him to do as he pleased, but we should not do anything to cause him suffering which might be life-long. (Unfortunately for the victims of suppression, their lives are apt to be too long for them.)

If Dr. Allen has had any experience in the treatment of sycosis—and he certainly must have had if he knows anything of the teachings of Hahnemann—then he should know of the effects of the treatment he advises. Perhaps his (Dr. Allen's) experience in the treatment of gonorrhœa may enable him to determine between simple urethritis and sycotic gonorrhœa. If he can diagnose without a doubt between the two we wish he would impart that information, for we have never met one who possessed that power.

In the absence of his ability to discriminate between the two affections he should certainly, before advising any treatment, endeavor to stand by the colors he professes to uphold, and, then, when the time arrives for treating cases of gonorrhœa he will be able to do the best possible for his patients by following the teachings of Hahnemann.

G. H. C.

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At p. 398, Vol. VIII, HOMEOPATHIC PHYSICIAN, will be found an article on "Some Symptoms of Sycosis," to which we respectfully refer Dr. Allen and those who agree with him.

G. H. C.

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DR. SAMUEL LILIENTHAL.—On Wednesday, November 5th, Dr. Samuel Lilienthal attained his seventy-fifth birthday. Dr.

Lilienthal is widely known by all who are members of the homœopathic school for his extensive and remarkable contributions to the literature of the school. There are few journals of any influence among homœopathists that have not at some time published his contributions. Much of his work has been in the way of translation, much of it entirely original.

He is a *liberal* homœopathist, but openly calls himself a "mongrel." He is the author of an excellent book entitled *Homœopathic Therapeutics*, now in its third edition, in which we fail to find any evidences of mongrelism. On the contrary, under the different diseases, which are arranged in alphabetical order, we find only the most strikingly characteristic indications for the various remedies.

Notwithstanding his advanced age, Dr. Lilienthal still continues his usefulness; the before-mentioned book having been completed only within a few months.

We send him our warmest congratulations, and wish him a continuation of life graced with the honors willingly accorded him by his brethren in the profession. W. M. J.

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THE TEACHING OF PURE HOMŒOPATHY IN THE COLLEGES.—Our editorial upon this subject in the October number at page 437, brought out a protest which was noticed in the November number at page 483.

We have now another protest, this time from Dr. W. E. Leonard, Professor in the University of Minnesota.

He writes that he has been teaching *The Organon* for four years as a part of the regular course of lectures. He sends us a syllabus of his lectures, from which it appears that in the time from October 9th to May 18th, he gives seven lectures upon *The Organon*, the last being a review lecture.

We are very glad to be able to make this announcement, and add one more to the list of colleges where strict Homœopathy is taught.

At this rate we ought to be able to publish a "Roll of Honor" of such colleges as engage to teach absolutely pure Homœopathy unmixed with the rational therapeutics of the old school. W. M. J.

## ANOTHER DOSE ABOUT THE DOSE.

A young physician in my old home, the Excelsior State, after giving me full credit for my homœopathic therapeutics, pointedly asks: "Why did not Dr. Lilienthal indicate to the reader the choice of potency for the different remedies used in different diseases? Dear doctor, would it not be an additional legacy to the homœopathic profession, and one which the profession much needs, if you would go through the book once more and indicate to your readers your choice of potency, at least where you have had personal experience in the prescribing of the remedy?"

The answer to my esteemed correspondent was that he asks an impossibility, and that the dosage of drugs was left untrammelled, because, otherwise, it would mislead the reader. When in former times my health allowed me to preside over clinics (and I never felt happier than when surrounded by students), I often told them of the triune factor which determines the dose: 1. the individuality of the patient, with his or her anamnesis. (Hahnemann's psora is not an old man's idle dream); 2. the individuality of the symptom complex, and how closely we have to differentiate between the special symptoms peculiar to the patient and the special symptoms peculiar to the stage of the affection; 3, and finally, the individuality of the drug, so that it may become a remedy. How often did I preach to my hearers to follow Hahnemann's advice in relation to the mental symptoms of the patient during health and disease, and thus every case becomes a unicum by itself, and no iron-bound rule could be laid down in relation to the dose and when to repeat it.

Just as I was trying to answer my young friend, I received No. 3 of the *Allgemeine Homœopathische Zeitung*, and that dear old man, Dr. Kunkel, of Kiel, answers that question to the point. In relating some of his cases he adds in one, where he prescribed repeated doses of *Calcarea-carbonica*<sup>30</sup>, twice a day a drop; perhaps less frequent doses might have sufficed, but my experience taught me that where we have to deal with composite morbid



products, a frequent repetition of the drug gives better results. The question often comes to my mind, whether the method of our "scientific" opponents, who, on a solitary symptom of a constitutional affection, try to remove it by surgery, is more scientific than our method, which removes all symptoms, and thus, also, the one more prominent. Jahr gives in such cases one dose and expects in all cases a cure, providing he found the simillimum. Perhaps he might have succeeded in one case and then tries to formulate a law upon this single case. In another case of glaucoma, where an operation was contra-indicated and which he greatly relieved by *Sepia* 2d and 200th, followed by *Phosphorus*<sup>30</sup>, every seventh evening a powder (a favorite dosage of the doctor, to give one dose once a week), Kunkel adds to the history of the case the simultaneous application of a low potency with a high one in cases where one intends next to its local action upon a diseased organ or upon a chronic product of the disease also to produce a general action; this procedure, recommended by different physicians, remains still *sub judice* (S. L. acknowledges belonging among these "different" physicians, and his vote is in its favor, or it is an alternation based on the symptoms in the provings).

One case more of the old man, on account of homœopathic prescription *versus* gynæcological abuse of surgery. A young woman complained for years of different troubles; of colicky pains before and after menstruation, now constant; the pains are lancinating, from outside inwards, especially when in motion; when sitting down suddenly, stitches in anus. In the morning when rising occipital headache, accompanied by a paretic sensation. She feels best when in the fresh air, but she must not remain out too long. She is irritable and changeable in her moods. Cannot lie so well on left side, worse in windy weather. Collum and corpus uteri enlarged, hard, nearly immovable, painful on pressure. *Platina*<sup>30</sup>, every seventh evening; one dose restored her health and she thus escaped all gynæcological local treatment.

So far Dr. Kunkel, and my esteemed correspondent might well ask why this old and venerable practitioner gives all his remedies in chronic cases always in the same manner, "every seventh

evening one dose"? Is it a mere habit, for it cannot be based on an iron-bound rule. Kunkel is fond of the thirtieth potency, and so was Hahnemann; Benninghausen and Dunham prescribed their own hand-made two-hundredth potencies; Kane relies on the five hundredth, one of our Philadelphia masters acknowledges that if he were confined to one potency, he would prefer the sixth to all others; our microscopists deny all medicinal power to anything above the twelfth, because they cannot see the drug; while an extreme high potency may work and does work and cure in spite of all incredulity heaped upon these dynamic factors.

Who will come to the rescue of our younger colleagues, who seek for information and for instruction? Do not give them a stone for bread! Do not say, You must work out your own solution! It is not the first time that the request has been made, but I do not see my way clear how to comply with it. The microscopist and specialist cannot answer it satisfactorily, one must be convinced of the healing power inherent in the dose of the drug, selected with the utmost care, or else it will fail to do good. Let us hear from men who are close prescribers and the younger generation will bless them for it. Amen, Selah!

S. L.

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## DISPLACEMENTS OF THE UTERUS.

(Proceedings of I. H. A. Morning Session, June 25th, 1890.)

Dr. Bell—One of the most important lessons we learn from the allopathic system of medicine is how not to do it. There is no particular objection, from a homœopathic standpoint, to mechanical supports for the uterus any more than there is to a truss in hernia, but, as a matter of fact, there are a great many mechanical objections to these supports. Dr. Hodge, who referred all or nearly all the diseases which a woman could have to displacements of the uterus, used to be a great fellow in the allopathic school, but we seldom hear about him now. Only ten years ago there was hardly to be found a correct representation of the pelvic organs. The uterus was shown upright,

the rectum and vagina as incompressible tubes, and the bladder anywhere it could be crowded in. With such radically wrong notions every woman had a displacement and pessaries could be used wholesale. By means of frozen sections the normal position of the female pelvic organs was discovered to be very different from the old idea. The allopathic authorities found that the uterus was a movable organ, with no fixed position in which it could or should be held by a mechanical support.

The day of the pessary in the old school has practically gone by, with the exception, perhaps, of the stem pessary, of which they are very much afraid.

They have also found that mere changes in position in the uterus, backward or forward, have but little bearing on the health. Aggravated cases of displacement very often have few symptoms of ill-health, while, on the other hand, severe suffering and much sickness are often present when the degree of displacement is but slight.

There is only one condition that seems to require surgical interference, and that is procidentia with a torn entrance to the pelvis and great relaxation of the parts.

Such cases often show but very few symptoms upon which to base a prescription, and to such surgical measures are probably appropriate. Very little room anywhere has been left for mechanical supports.

Dr. Hawley—Women are no more likely to be sick because they are women than men are because they are men. Women are curable by exactly the same methods as men. I pay no more attention to the mechanical symptoms than to any others. As a rule the mechanical symptoms are all hearsay; the woman only knows her womb is out of place because some doctor has told her so, and she refers all her trouble to this dreadful misplacement, which the doctor has put into her head. You must go to work and get the case just as you would any ordinary sickness, and administer your remedy without any special reference to the mechanical symptoms. A young lady of sixteen had a trick played upon her by her little brother; he pulled away a chair just as she was about to sit down upon it. She



seemed shocked, but soon recovered and went to school as usual next morning. Soon her health began to fail, and a physician was called in. He heard her history, made an examination, and pronounced her case one of retroversion of the uterus. In spite of the services of seven of the most prominent allopathic physicians of New York she remained an invalid for seven years, for three of which she did not stir out of the house. They all agreed on the diagnosis; she was also under Dr. Weir Mitchell, of Philadelphia. The history of the treatment of this case is simply astonishing, to show how little help there is in the best old-school skill. She finally came into my hands. I made no manual examination of the case. I did not even feel her pulse, but I cured her.

When her menses came on I never saw in my life such suffering; that was in November. The next March that girl got up at three in the morning with her courses on, and went home a long journey without any discomfort whatever.

Dr. Stow—As a rule I have not found it necessary to use any mechanical supports whatever in these cases, but I have found them occasionally useful.

A lady called on me for treatment at the menopause. I prescribed for her for three weeks without a digital examination. I had to make one finally, and found very pronounced retroflexion, with absorption of tissue of the cervix. *Sepia* covered nearly all of her symptoms; she had a dragging down outside of the limbs, crossed her limbs when she sat down; pain in back, etc. I administered *Sepia* and also applied a stem pessary into the mouth and neck of the uterus, having first pushed the organ into position by means of an instrument introduced into the rectum. I then kept the patient in proper position for two weeks. During that time it became necessary to withdraw the stem about every fourth day, to prevent congestion. At the expiration of two weeks I found the patient much better, and in six weeks quite well. She has since become pregnant. I do not know whether she would have got well on the *Sepia* alone or not, but I am inclined to think not.

Dr. Reed—It seems to me that the last speaker deprived him-

self of the possibility of obtaining useful information by the use of the mechanical appliance. We have the pathogenesis of *Sepia*, and when the symptoms of the patient correspond to that pathogenesis we must use *Sepia* and depend upon it; so of *Lilium-tigrinum*, or any other drug. I come from away back, from a country of Egyptian darkness, and when I am obliged to listen to such talk as this it reminds me of the time when I was an allopath. I have a gynæcological chair in my office, and I have not used it three times in six years, and yet I make a living. I give my patient a dose of medicine, and if it is the simillimum of the case, I know by the Eternal that it will be the cure of the case. A lady came to me, not very long ago, in a desperate condition; she had a terrible bearing-down sensation, and could not go about, because, as she said, she felt that everything was coming into the world. She had to support herself with her hand. I had some homœopathic moonshine and I gave that woman a dose of that moonshine (*Lilium-tig.*) and in six or seven days that woman was O. K.

He was astonished to find so many homœopathic physicians using mechanical means.

The doctor who uses mechanical supports deprives himself of valuable information.

Dr. Thompson—There is only one organ in the human body as movable as the uterus. Its mobility is essential to its physiological action; without that mobility it cannot perform its use, and I do not think we should ever interfere with it by propping it in a fixed position. These cases are curable without such interference.

Two years ago I treated a young lady about twenty years old, who had been suffering a long time with severe pains. She had been sick five or six years altogether, the trouble dating from her first menstrual flow, which had been stopped by a cold taken by going into the sea to bathe while her courses were upon her. The result was the menses were stopped with intense agony.

All the indications pointed to *Dulcamara*; I gave her a dose, and recommended the prone position. In the course of six months she took three doses of *Dulcamara*. She improved

right along until she developed an irritability of temper that made it almost impossible to live in the same house with her. This was cured by Chamomilla, and there has been no trouble since—in fact, she has been in perfect health.

Nothing was done for her except the administration of these two remedies and the position recommended.

I have never found it necessary, even in the case of washer-women with procidentia, who had to be about their daily tasks, to use mechanical support.

Dr. Hawley—Dr. Stow's case reminds me of what Dr. Lippe said in a similar case of retroflexion of the uterus with waste of tissue. "Unquestionably," he said, "this waste of tissue is dynamic in its cause and how can a dynamic condition be removed by mechanical means? It is simply absurd to think so."

Dr. H. C. Allen—I think Dr. Stow gave himself away pretty badly when he said he did not know whether the support or the Sepia did the work. Dr. Stow cannot tell to-day what part the Sepia took and what part the support took in the cure. There is no means of knowing, and such clinical knowledge is worthless.

Dr. Stow—One or two words in self-defense. I wish to ask this intelligent audience if I had treated that case with the remedy alone, and allowed the woman to keep about her work without any support I could have hoped to effect a cure. (*Cries of "Yes," "Certainly," from different parts of the room.*)

Dr. Kent—I should like to stand here about two hours and a half and report just such cases as Dr. Stow has reported, cured by the internal remedy alone. I used to examine my cases very frequently so that my information as to the position or malposition of the uterus of my patients used to be more extensive than it is nowadays. I simply used to keep myself posted as a matter of clinical information. I consider Dr. Stow's treatment just the same as if he had used two remedies. He does not know whether he has cured his patient or merely palliated the trouble.

Many of these cases may be made comfortable for a time by local treatment and appliances, but it is only palliation not cure.



The worst of it is, that after such treatment, it may take St. Paul himself to cure the case. It is not real homœopathic treatment, though it might be in New York.

Dr. Custis—I do not think it is well to stop examining our cases, if only for the satisfaction it affords of giving a correct diagnosis and an intelligent prognosis to our patients, both for their protection and for our protection. It is a mistake to neglect to make a digital examination. Moreover, we cannot be sure of what we have cured, unless we have made an examination on first taking the case, and the certain knowledge so gained gives stronger and better arguments to back up such a paper as we have heard here to-day. It is not fair to say we have cured a malposition because we have removed the symptoms of malposition, unless we have first made an examination and actually found out that there was a malposition there. Then we can down allopathic objectors instead of being downed by them. A good diagnosis is a great protection and a strong argument.

Dr. Wesselhœft—I agree with Dr. Custis on that point. I think it is a very important one.

I know that many of the so-called flexions and malpositions of the uterus remain and the patient gets well, and on the other hand, I know from experience that patients will come to you saying, “ Doctor, I have been treated for two years by Dr. B—— for retroversion ; he says I am perfectly well now in that respect, but he wants me to go to my family physician and get the constitutional symptoms cured.”

Dr. Alice B. Campbell—Dr. Wesselhœft shows that there is no necessity for physical examinations. Now I do not agree with Dr. Custis at all. I have naturally greater freedom than a man in making examinations, but I do not take advantage of that freedom because I know what it means. I know they are not necessary. You cannot tell what changes of position may occur in the uterus in twenty-four hours. I do not know why the uterus should be so universally selected as the target for examinations. You don’t do that with the kidneys. You can have just as much distress without the uterus being displaced at all as you can with an apparently serious displacement. If you

can alleviate the distress, it makes no difference where the uterus is. If there is no suffering it is probably all right.

I do not see why we have to go over this ground every year ; it seems to me we have settled it long ago on a harmonious basis. It seems like time wasted.

Dr. H. C. Allen—It is as simple as the light of the sun ; the law of similars is the ground to stand upon.

Dr. W. J. Guernsey—I think with Dr. Campbell that we waste a great deal of time in going over the same ground every year.

Dr. Butler—Is it not our duty to examine our patients as thoroughly and completely as possible ?

Does not Dr. Campbell make the best examination of the kidneys that their situation and their accessibility will allow ? Should not every organ be examined as far as it can be ?

Dr. Stow—It seems to me there is a very nice point there. Before you can make out an accurate diagnosis of an affection of the kidneys you are obliged to make chemical examinations of the urine. You do not know what you are treating unless you do ; and just so I believe when a patient comes complaining of displacement of the uterus, or, of symptoms pointing to it, it is our duty before undertaking to cure the case, to find out whether it is true or not.

Dr. Brownell—I should like to ask if the influence of the clothing is not very important in the treatment of displacement ?

I believe that very often such cases are incurable unless the constant displacing effect of the clothing is removed.

Dr. Hawley—This last is a very good point. I can remember when these weaknesses were unknown. My mother had nothing of the kind. She wore a belt just below the breasts, with a long skirt, all supported by the shoulders, and I believe that was the reason she did not have any of these troubles. It is impossible to be healthy and be dressed the way most women are nowadays. A woman cannot be cured who buckles belts around her waist and suspends her skirts from her hips ; some organs crowded up and some crowded down. Continued strain on a muscle will invariably cause it to relax, and this continued

downward pressure causes the floor of the pelvis to finally give way and the organs are left to drop down for lack of normal support. I get many cases of this kind from the allopaths who fuss with them for years without result. I have now a case pronounced by the allopaths to be a case of ovarian tumor. It is instead a case of irritable ovary and not tumor and is getting much better.

Dr. Johnstone—I am much indebted to a patent uterine supporter for a fairly round fee. About six months ago a woman, forty-three years old, came to me with agonizing bearing-down pains in the pelvis, and a great many other symptoms. I found she had been wearing a supporter to hold her in position for the last three or four years. I simply removed it, and gave her a package of placebo powders. In two weeks she was well and found to her surprise that she was better without her supporter than with it.

Dr. Stow—I believe there is such a thing as going too far in this matter of non-interference.

There is no man or woman in this audience who is more radical or a greater stickler for right than I am. I will take second place to nobody on that score.

It seems to be the direct outcome of this discussion to discard anything and everything of a surgical nature. If we do then we may as well abandon the whole bureau of surgery, for it necessarily throws out all mechanical interference with cases. Mechanical means, appliances, and aids have a field, and are perfectly legitimate in the practice of medicine.

It may be that Sepia alone would have cured my case, but I am inclined to think not. But casting that aside we have another fact that, without any homœopathic medication, without any mechanical support, pregnancy would have resolved and cured that case.

I am certain that the patient was vastly benefited, whether you attribute it to the Sepia, to the support, or to the pregnancy, and finally you must either exclude the whole subject of surgery from medicine or you must admit its technique.

Dr. Custis—I wish to set myself right with Dr. Stow. I do



not want to be understood as examining every lady that comes to my office, but when we get no result from our treatment, I think we should make an examination to find out the trouble. We should feel very badly if after we had failed to make an examination and also failed to cure a case some other doctor should find a fibroid which we knew nothing about. It could not fail to be a reflection on us.

### GONORRHOEA AND HOMŒOPATHY.\*

#### EDITORS OF THE HOMŒOPATHIC PHYSICIAN :

So much bitterness has been shown on account of my opinion concerning the treatment of some cases of gonorrhœa and so many adjectives and epithets have been put into your pages that I venture, very timidly, to say a few words, though I suppose it were better to keep still and follow my own way in peace, a course I shortly intend doing, both publicly and privately. Is it not possible for physicians to respect the opinions of others and refrain from unpleasant appellations or must every one be made a target of? But that rests chiefly with the editors of our journals and I will say no more about it.

1st. Observing a number of patients afflicted with gonorrhœa to run a tedious course under purely homœopathic treatment (one man suffering eighteen months continuously though treated by a careful prescriber with the two-hundredth dilution); observing, farther, that physicians practicing pure Homœopathy in such cases treated few cases and still fewer as the years passed on, I have endeavored to ascertain the reason for this lack of success.

2d. Observing that gonorrhœa, syphilis, hydrophobia, etc., attack persons in apparently perfect health and also observing that these patients require remedies directed to the immediate effects of the poison rather than to the individual dyscrasia, which permits a *disease* to develop and continue, I have con-

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\* See Dr. Thomas Skinner's article, "The Routine Treatment of Fresh Gonorrhœa," in November number of this journal, page 498.

cluded that gonorrhœa may be considered a *poison* rather than a disease, and hence may be treated as such rather than homœopathically. The best method of treating the local manifestations of this poison is a matter of experience. Some cases will last but a few days, others months. A few cases will develop constitutional complications, others none. The suppression by violent measures of the discharge in the acute inflammatory stage may or may not be followed by grave remote effects. I have known a recurring iritis persisting twenty years to disappear only on the return of a purulent discharge from the urethra. I have known the kidney to become involved in a suppurative process and death averted only by emptying the pus through a drainage-tube in the back; a host of bad things follow the injudicious treatment of the acute stage; still, most satisfactory results do follow the persistent washing out the urethra with tepid water, to which a little Salt of Soda or Zinc or Mercury may be added, particularly after the first few days. A homœopathic physician who determines to practice only Homœopathy must send away a great many patients to other doctors if he would do the best for them. Men *will not* tolerate a discharge for months when a safe washing will help them get well speedily. Now another one will get well in ten days, but such are rare cases. It is unnecessary to risk stricture, cystitis, nephritis, orchitis, rheumatism, etc., by properly washing out the discharge. What is the harm!! We cleanse sores on the surface, we may be obliged to cleanse mucous surfaces to heal them. One may still be a consistent homœopathist and wash out or antidote by other means a gonorrhœal virus. Let us hear the other side, gentlemen! but let us have a friendly discussion or none at all.

T. F. ALLEN.

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### "NUGGETS."

C. CARLETON SMITH, M. D., PHILADELPHIA.

In treating children who are too young to make known the nature of their ailments, the objective symptoms are more important than the subjective symptoms. We have to watch keenly in order to select the remedial agent.

There are eight remedies that have the characteristic symptom "wants to be carried in arms." These are Cham., Ant-tart., Arsen-alb., Cina, Ignatia, Kali-c., Puls., and Brom. The Cham. child cries almost constantly. And this crying ceases when the child is carried quietly up and down the room, the cries returning the moment the motion ceases, which latter makes the child so angry that it will viciously slap the nurse.

The Ant-t. child wants to be carried only by its mother, but no one else. And if another person approaches or touches it it will scream.

The Cina child's irritability simulates very closely that of Cham., with this difference: If the mother becomes weary of carrying it it can be comforted by fast rocking.

The Ars. child wants to be carried fast. Also the Brom. child.

The Puls. child wants to be carried slowly.

The Ignatia child is not cross, but rather too affectionate. Yawns all the time spasmodically. And wakes out of a very light sleep screaming and trembling all over.

The Kali-carb. child is peevish and irritable, but not to a great degree. And when he is touched he does not scream as under Ant-t., but he starts suddenly as if in alarm.

Aconitum may be added to this list under amelioration from fast rocking, especially in abnormal conditions following sudden fright.

When a child habitually, after nursing the breast, cries for water, and invariably throws it up, give the little one Arnica.

In hydrocephalus, when the child's arms below the elbows become deathly cold, think of Arnica.

When a patient in his illness hears everything but the human voice, study Arsenicum.

If he hears nothing but the human voice, do not forget Ignatia.

With regard to Arsenicum we must not forget Dr. Lippe's observation, that the pulse of this drug is more rapid in the morning than in the evening. And this characteristic also corresponds with Sulphur.



Arsenicum has also aggravation from sea bathing. Also aggravation from rest in bed, but amelioration from warmth of bed. Reverse this exactly, and we have the Mercurius condition.

A characteristic symptom of Arum-triphyllum which I observed many years ago is this: The patient complains that the nose is completely stopped up. And yet there is a constant fluid discharge from it which has to be wiped away continually. This condition I have observed in cases of scarlet fever, and Arum. was the curative drug.

When a patient complains that every time he urinates his piles come down, give him Baryta-carb.

Another peculiar symptom belonging to Bar-carb. is a numb feeling creeps up from the knees to scrotum and penis, disappearing as soon as he sits down.

Under Bismuth we have a symptom exactly similar to Ars., viz., water is vomited as soon as it reaches the stomach. Bismuth also has marked restlessness, like Ars., but the Bismuth patient vomits *all* fluids, which is not the case under Ars. And again, under Bismuth the patient will eat his rations for several days in succession, and then begin to vomit, keeping it up for a whole day.

In pneumonia the Bryonia sputa is of a soft brick shade in color, is quite tough, and falls like lumps of jelly.

The Bryonia pains are made better by lying on the painful side, and worse by lying square on the back. In pregnancy she cannot drink water, for the sight of it causes her to vomit. If she bathes she must close her eyes while in the water. The Phos. patient when coughing holds his abdomen with both hands. The acute chest-pains of Phos. are generally worse on right side, and aggravated by the least pressure in the intercostal spaces, and lying on right side.

Phosphorus has also, as a skin symptom, little ulcers outside of large ones—some healing and others healed. Cuprum-aceticum has a symptom exactly like Lachesis, and will, therefore, have to be compared with this latter remedy in practice. It is this, protrusion and retraction of the tongue like a snake. In

epilepsy, where Cuprum-acet. is curative, the aura begins at the knees, ascending until it reaches the hypogastric region, when unconsciousness occurs, with foam at the mouth, and falling down convulsed. Another very important red thread which we find in the study of this drug, is that as soon as the patient goes into a high-ceiling room the head reels and she loses consciousness.

A characteristic of Cyclamen is as follows: After delivery patient complains of severe colicky bearing-down pains, each pain accompanied with a gush of blood, which latter causes momentary relief only.

When children cough at night while asleep without awaking, Cyclamen may be the remedy.

In severe diseases patients sometimes wake up during the night with hands feeling twice their natural size, so that they cannot make any use of them (is a key-note for Aranea-diadema). When drinking very cold water or eating ice-cream, patients complain of sharp pain in forehead, extending down into the nose. Give such cases Digitalis. Also under this remedy the patient feels as if heart would stop beating if he dared to move. Gelsemium has just the opposite. Patient must move in order to prevent the heart from ceasing to beat.

A symptom of Euphrasia worth recording is that when the patient is exposed to a south wind she is sure to have her cough aggravated.

The Euphrasia patient is better in open air. Same as Pulsatilla. Worse when in-doors.

Sensation as if vision was obscured by smoke. Study both Gelsemium and Crocus.

In intermittent fever the patient under Gels. wants to be held during the shake. Under Lachesis he wants some one to lie right across his body. In severe illness, when a patient's tongue, upper and under surface, is completely coated a decided *bluish-white*, the quicker you give him Glonoine the better. Look to Guaiacum in violent spasmodic inflammatory action of the larynx with such violent palpitation of the heart as to almost cause suffocation.

## BRITISH MEDICINAL PLANTS.

ALFRED HEATH, M. D., F. L. S.

### NATURAL ORDER 2.—BERBERIDACEÆ.

*Berberis Vulgaris* (common Barberry, Pepperidge-bush, found in hedges and thickets). This very handsome shrub, with its pendulous racemes of golden yellow flowers (not forgetting its sharp three-parted thorns), is an object worthy of any garden or lawn on account of its showy appearance, both in its flowering state and when the yellow flowers are changed into bunches of scarlet berries, which are edible and often made into preserves. They are acid and astringent. The bark is used by dyers on account of its astringent properties and as an ingredient in a yellow dye. The common barberry has been used empirically with considerable success as a remedy in various disturbances of the liver, as a cooling drink in fever, in diarrhœa, in many kinds of disorders of the skin, for ague, bleeding piles, and as a tonic and astringent. It increases the appetite. It was also used as a remedy against the itch. The ashes of the burnt wood mixed with water, and the lye used as a wash for the hair are said to turn it yellow.

Jahr's *Homœopathic Materia Medica* gives a good proving of this drug. Amongst other things, it *produces* on the healthy body all the symptoms mentioned above, namely: Biliousness, nausea, and inclination to vomit, languor, various pains in the region of the liver and gall-bladder, and pressure, increased by external pressure, watery evacuations, flatulence, with burning, soreness, painful pressing, hemorrhoidal tumors, burning and itching, increased appetite almost to canine hunger, chills over the whole body with subsequent heat and increased thirst, heat of the hands and head, feeling of heat of the whole body, profuse night-sweats, sweats on the least exertion, lymphatic swellings,\* general muscular languor and debility, feeling as if

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\* A case came under my care of a lady who had a swelling as large as a hen's egg in the left side of the chest over breast. It had been pronounced



bruised, weakness almost to fainting when walking, pains excited or increased by movement. In the skin it produces burning, itching, pricking, as of mosquitoes, on the forehead, temples, cheeks, ears, lips, chin, scalp, and legs, obliging one to scratch, after which it disappears for a few minutes, or else reappears at a different place, leaving red spots after the rubbing; itching of the backs of the hands and fingers. The pains of *Berberis* more especially affect the left side.

*Berberis Aquifolium* (shining leaf, evergreen). This, although not an English plant, is common to our gardens and parks, and has lately been used in medicine. There is, I believe, no proving. Its properties are similar to the foregoing. It has been found especially efficacious in some forms of psoriasis, involving one-half of the face and nearly one-half of the body, down the sides and hips, also in scaly eruptions, like fish scales, on arms and legs, and in cases of general weakness and loss of appetite, despondency, etc.

#### NATURAL ORDER 3.—NYMPHÆACEÆ.

*Nymphaea Alba* (the white water-lily). Found in all parts of England, in rivers, lakes, and clear-water ditches. It was formerly used as a demulcent and anodyne. It was esteemed a powerful remedy for leucorrhœa, and in weakness left after venereal complaints; also for violent purgings and bloody stools.

*Nuphar lutea* (the yellow water-lily; brandy-bottle). Common in lakes and ditches in England. There is a smaller kind (*N. pumilum*) found in the Highland lakes. In some parts of Sweden the roots were, in times of scarcity, used as food, and are not unwholesome. This beautiful plant must be seen in all

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by a surgeon to be encysted tumor, and operation recommended. *Berberis* in the 200th potency removed it in a week, but when first taken it produced one of its well-known symptoms, *most profound prostration*. Patient could not sit up all day, and was completely helpless. Such marked aggravation led me to give another dose at the end of fourteen days. I could not believe it was from the medicine. The prostration was again produced *as before*, and although the lady had no idea I had given her the *Berberis*, she said, "You have given me that medicine again."

its glory to be appreciated. It is a lovely sight to see hundreds of its large golden flowers dotted over the leaf-covered surface of a quiet pond. Quite a harvest is often reaped by sending the flowers to the London market (this also applies to the white water-lily). There is some proving of the plant mentioned in the *North American Journal of Homoeopathy*, vol. III, p. 250 ; also in the *British Journal*, vol. XVI, p. 329. It is said to have cured some forms of leprous eruptions.

#### NATURAL ORDER 4.—PAPAVERACEÆ.

*Papaver Dubium* (one of the common red poppies). There is no proving of this plant ; it has, however, been used in medicine in Germany.

*Papaver somniferum-Opium* (sleep-bearing poppy, white poppy, opium poppy). This is the plant from which opium is obtained. It is rarely wild in this country and is not considered to be indigenous, although it grows here perfectly, and at one time was cultivated to some extent, and the opium obtained from it was said to be equal, if not superior, to that obtained from Asia Minor, and as much as sixteen pounds of opium per acre being obtained ; but the great reduction in price of foreign opium was fatal to it in a commercial point of view.

The mode of collecting the opium is by wounding the seed-ves-el or poppy-head externally while yet green but of full size, which is done in the evening. The milky juice which flows freely from the incisions and dries and hardens in the air into a pale brown, adhesive substance, is collected in the morning by women and children, and forms opium (and from opium we obtain morphia, codeia, para-morphia, narcotine, and narceine and meconine), a drug that has done probably as much harm as good. The pernicious practice of taking or smoking opium has become the besetting sin of Turks, Chinese, and others. In countries where the prevailing religion forbids the use of alcohol, as in Turkey, it is in constant use as an indulgence, which if once commenced is rarely abandoned. The Turks call it "*afium*," and in the opium shops of Constantinople they take it

in graduated doses from ten to fifty or a hundred grains a day. To make it palatable it is mixed with syrups or fruit juice; it is also made up in lozenges stamped with the words "*Mash Allah*," meaning "*work of God*." It is also smoked. The Tartar couriers travel great distances with astonishing rapidity, and take little else to support them on their journeys. Its effects are to impair the digestive organs and to undermine the vigor of the whole body; it affects the mental energies, the memory fails, the victim becomes prematurely old and endures frightful sufferings after the effect of the dose subsides. As a drug opium is certainly of great value. In the old school it is mostly used as a sedative or to produce sleep—not natural but heavy, unrefreshing sleep from which the patient generally awakes unrelieved or worse than before, as it produces the most profound desire to sleep, but with total inability to do so. In Homœopathy this is an indication for its use (provided it has not been produced by taking opium or any of its alkaloids) and it will generally instantly relieve and cause refreshing natural sleep, in the most infinitesimal dose. In allopathy it is constantly used to produce a constipated state of the bowels in diarrhœa, and also in surgical operations. Constipation of the most obstinate nature, with headache, dizziness as if intoxicated, or with great heaviness of the head, drowsiness, and bewildered feeling is often entirely cured with a few small doses of opium. It also causes in healthy persons congestion of the brain, heaviness of the head, great desire to sleep, lethargy with snoring (one would almost think that the poppy flower, which always droops while in the bud, was an emblem of sleep, or the finger of Nature indicating its virtues or sphere of action ("*Doctrine of Signatures*"), eyes half closed, convulsed, lids hanging as if paralyzed. In natural congestion and inflammation of the brain, with great lethargy and eyes partly open (a common feature of this disease), with constipated bowels, etc., the effect of small doses of opium is really magical, its quickness of action must be seen to be believed. Unfortunately the abuse of one of God's greatest blessings to man is in the case of opium often one of the greatest evils.



## OUR DAILY EXPERIENCE.

WM. STEINRAUF, M. D., ST. CHARLES, MO.

I think the physicians of our school should pay more attention to the committing to paper their daily experience, and after sifting the same, occasionally send short articles of cures made to the journals. I know some of our best prescribers often hesitate about writing down their experience. They see the journals are filled up anyhow from month to month and so they let matters go. Still others shun the notoriety and have a false delicacy in regard to contributing to the journals, thinking their productions of no value.

But, as in the case of a fire, even the most timid give the alarm, even the weakest feel called upon to help, so it should be in our case. False Homœopathy is openly taught and practiced in our ranks, professed homœopaths are openly declaring that there is but very little, if any, difference between our school and the old system. So it behooves us, it behooves all the true and faithful followers of the master to sound the trumpet of alarm, to be outspoken, to openly declare their convictions and show by their work the true and only method of cure. Do like the children of Israel, "with one hand do the work and with the other hand hold the shield." Practice pure Homœopathy and guard the threshold to prevent false prophets from entering.

CLINICAL CASE.—J. K., aged seventy-seven years, was severely attacked with erysipelas of the face and scalp during the epidemic of la grippe last March, and as he is of a scrofulous constitution, and has had chronic eczema of the nose for over twenty years, the outlook was rather discouraging. The swelling had begun on the nose and having a homœopathic family case, he had doctored himself. But when the whole face was attacked and the scalp sore, puffy, and highly inflamed he consented to have a physician. The pulse was one hundred and twenty and temperature one hundred and four. But as he

never had been much dosed in his life, always using our remedies, besides being of a determined will, we hoped for the best.

Ferr-phos.<sup>200x</sup>, followed by Natr-sulph.<sup>200x</sup> cured the patient within six days. Dilute alcohol was applied every hour. What was peculiar in the case is that the eczema of the nose of twenty years' standing was also cured. The eczema disappeared shortly afterward. This cure was two years ago. No erysipelas and no eczema to this date.

### SOME VERIFICATIONS.

ELLA M. TUTTLE, M. D., NEW BERLIN, N. Y.

DIARRHŒA.—Mrs. L. came to me August 11th, complaining of the following symptoms :

A diarrhœa that had lasted her for over a week. She had cured (?) it once by taking black pepper, but it had come on again. Stool scanty, like *cream*, with constant urging. Said she felt as if she could go to stool any time. Much flatus passed with the stool. Colicky pains in the abdomen during and after stool. Weakness of the sphincter and so that a little of the stool passed involuntarily. She had been troubled with constipation for the last six months and had been liberally dosed by an allopathic physician.

Considering this and the symptom of constant urging, I gave *Nux-vom.*<sup>3</sup>, a dose after every stool. Four doses entirely stopped the diarrhœa.

Is this creamy stool common to *Nux*? I do not find it in any of the *Materia Medica*s.

DIARRHŒA.—Was called July 27th to see Mrs. E., a lady over eighty years old. Found her suffering from much colicky pain in the abdomen, frequent stools of yellow fecal matter streaked with blood. There was soreness over the pit of the stomach and abdomen and some fever. She had been constipated and had taken two pills and eaten some string beans the day before the attack came on. From this fact and the absence of definite symptoms I gave *Nux-vom.*<sup>30</sup>.

July 28th.—Stool yellow and slimy; no blood had passed *involuntarily during her sleep*. I asked her about the pain and soreness in the abdomen and she said “Oh! I don’t feel that as long as I keep still, but if I move I feel so bad.” Here were my key-notes—stool passed involuntarily during sleep and aggravation from motion. I gave *Bry*.<sup>3</sup>. She did not have another stool for three days (I kept her on *Sac-lac*. during the time), and then she had a natural fecal movement. The lesson that I drew from this case was that, though *Nuc-vom.* is the remedy when the patient has been drugged, yet it will not cure unless the symptoms call for it.

## DR. J. C. BOARDMAN'S PROVINGS AND CLINICAL CASES.

E. W. BERRIDGE, M. D., LONDON, ENGLAND.

The following are extracted from communications sent by Dr. Boardman to Dr. Swan, and from him transferred to myself. They are dated 1882, 1883.

(1) *Fluoric Acid*. Mrs. —, aged about sixty, had complained for many years of one very annoying symptom, an aching pain *in one unvarying spot* in right side, just below diaphragm, on upper portion of liver; it was never *very* severe, but always present more or less. The symptom, “pain in a small spot,” led me to give *Fluoric acid*<sup>500</sup> (Bœrieke). In a few days the patient was well.

I find great use for *Fluor-acid*; so many cases of varied forms of disease do I meet, when there is some one spot in the body that will not yield, even when all other signs of disease disappear. I now give *Fluor-acid*<sup>cm</sup> (Swan) in all such cases, and always relieve, and often effect a complete cure in a few hours.

I have been prescribing for a gentleman now in his seventieth year who has suffered much from his heart, almost from childhood; sometimes *violent* palpitation, sometimes a *severe* aching, always an aching in one spot, though sometimes for days or weeks it would only slightly annoy. A few days ago he had



the *severe* aching in the one spot, but no palpitation. I gave him one dose of *Fluoric acid*, and he felt a sense of relief in a manner he had never felt before.

The following is a proving: Mrs. —, aged twenty-two, in excellent health, took one dose of *Fluoric acid*<sup>500</sup> (Bœricke) at four P. M., December 17th, 1883. In fifteen minutes a sharp pain passed across forehead, over eyes, and then passed directly down from middle of left clavicle into heart, cutting its way like a sharp knife. The suffering for the moment was terrific, but it soon passed off. Just before retiring, at half past nine P. M., a slight aching pain in nape. Her sleep was often interrupted, but whenever she woke she felt a heavy dull, aching, throbbing pain extending from nape over *whole* head.

December 18th.—On rising this morning, eyeballs felt sore and weak; eyes were at first pained by the light, and whenever she turned her eyeballs the soreness was very much aggravated. There was also some lachrymation. The whole head felt sore internally and externally. The roots of hair felt very sore on combing. The whole head felt compressed as if clasped.

At half past two P. M. all the above symptoms are gradually diminishing.

Quarter past three P. M.—All day has felt low-spirited, at times almost ready to burst into tears, and physically she is obliged to make great efforts to keep about.

On inquiring the exact direction of the pain across forehead, she said she could not positively say which it was. It came so suddenly and left so quickly, and seemed for the moment to have blinded her, that she cannot remember the direction; but inasmuch as the pain went down from the left clavicle, she concludes that the direction across forehead was from right to left. What she means by saying that the pain seemed for the moment to have blinded her is that consciousness for the moment had left her in fact, a *mental* blindness; her consciousness returned at the moment the pain was descending from middle of clavicle.

December 26th.—Had no further symptoms after 18th till to-day. About four P. M. to-day, was suddenly seized with sharp, piercing pains in heart, as though made by a small sharp

penknife, moving from right to left, directly through the heart. These pains continued till seven P. M., more or less violent, when they gradually passed away. She retired about nine P. M., when for the first time she failed to hear the clear, loud tones of the door-bell, though at other times her hearing is excellent, always hearing this bell, in whatever part of the house she is. At that very time of not hearing the bell, she felt strange, felt lost, as though she did not realize what she was doing or should do; also her heart was in great distress, really indescribable. She seemed in a daze as to what was going on outside of herself; in fact, her perceptions of external things seemed in a great degree to have passed away.

December 27th.—Slept well, and had no further symptoms.

(2) *Triticum* (wheat) in Swan's potencies postpones the menses. Compare Swan's provings in *Organon*, vol. III, p. 114.

(3) *Alcohol*. I have never failed in a single instance of curing alcoholism by a high potency of Alcohol, even when the patients were unaware of what the remedy was. One of them began to drink lager beer three months after being cured, but he still had an aversion to whiskey.

(4) *Petroleum*. I have found this remedy in high potency the chief remedy for the annoying dribbling of urine to which so many very old men are subject.

(5) *Lager Beer*. On June 27th, 1883, at three P. M., I gave a lady, aged about twenty-five, one dose of *Lager Beer*<sup>mm</sup> (Swan), in order to cure her of an undue fondness for it.

She was never intoxicated, but used to drink a great deal of lager to keep up her strength to do hard work. In about thirty minutes she came bounding into my office like a mad woman. She was evidently in extreme suffering, and kept calling out again and again, "What have you given me?" I asked her symptoms, and while dancing up and down my office, she managed to say, "Very soon after taking the powder I had a desire to urinate. I have now a raging furnace flame in the entire urinary apparatus; a fierce urging, pressive burning desire to urinate constantly, so great that I am in perfect torture, but it only passes in drops." Very gradually the pains lessened.

Next day she had the same symptoms, but milder; and by the evening they all ceased and did not return. Since then her appetite, spirits, and strength have decidedly improved, and she has no desire for lager beer, and does not drink it at all. Never had similar symptoms before.

[NOTE.—This is a more complete version of the case published in *THE HOMŒOPATHIC PHYSICIAN*, 1884, p. 88.]

In the other cases published there, the following corrections and additions should be made:

Page 88, line five from bottom, for sixty-five read seventy-six.

Page 89, line two, for "chest" read "upper chest."

Page 89, line ten, for "great lameness" read "great aching pain and lameness."

This patient reported himself still quite well on December 4th, 1883.

The first case (p. 89, lines two to seven from bottom), which is reported "very much better," reported later "quite cured."

Dr. Swan wrote me April 9th, 1886, "I have successfully used *Lager* in high potency, in several other cases, where there was great heat in vesical region." This remedy deserves a further proving, but as I suppose *Lager* varies in composition, the original preparation used by Dr. Swan should be used.

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## BOOK NOTICES.

**OINTMENTS AND OLEATES ESPECIALLY IN DISEASES OF THE SKIN.** By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, etc., Medico-Chirurgical College of Philadelphia. Philadelphia and London: F. A. Davis, 1890.

This work is the revised and enlarged second edition, which shows there is a demand for it. Viewed from the standpoint of allopathy we should consider it a valuable work as it gives the officinal ointments of the pharmacopœia of Austria, Britain, France, Germany, Italy, Spain, Mexico, and Chili. And then the more recent oleates receive full notice, and altogether grease is well represented.

The author concisely concludes his preface as follows: "The reader may



thus obtain a conspectus of the whole subject of inunction as it exists to-day in the civilized world. In all cases the mode of preparation is given, and the therapeutical applications described *seriatim*, in so far as may be done without needless repetition."

We, of the homœopathic school, can make no use of the various mixtures described, as we have something better, but we may commend the book for the accuracy and clearness of its recipes and for its neat binding and the excellence of the printers' work.

**A REPERTORY OF CONVULSIONS.** E. M. Santee, M. D. New York : H. Hitchcock, M. D., 1890.

This handy little monograph, a reprint from the *Journal of Homœopathics*, should be in the hands of every Hahnenamannian, as it will save much time in studying convulsive affections. We need more of such, and in just such form, that they may always be with us.

**THE ARGONAUT.** Published quarterly by Kent B. Waite, A. M., M. D., 106 Euclid Avenue, Cleveland, Ohio. Subscription price, \$1.00 per year.

This is a new medical journal published in the interest of the new medical college at Cleveland, Ohio, which has been started in opposition to the Cleveland Homœopathic Hospital College. The new journal contains about twenty pages and is full of local news of the college of which it is the adherent.

It is greatly to be regretted that the physicians of Cleveland should deem it necessary to start another college. As the old college had resolved to teach pure Homœopathy it certainly is doing all that can be expected of it. It should then have been cordially sustained by the homœopathic physicians of Cleveland and not hampered by the rearing of a second college that must only divide with it the sustenance that was hardly sufficient for the one.

W. M. J.

**TRANSACTIONS OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY** at its Twenty-fourth Annual Meeting held at Bangor, June 3d, 1890. Portland, Me. : Brown, Thurston Co., 1890.

This is a volume of one hundred and thirty-six pages, containing the discussions and papers read at the last annual meeting. The papers are interesting, but we regret to find that so many of them advocate the treatment of the old school, and several others teach alternation of remedies and external applications. This kind of practice and teaching does not advance the cause of Homœopathy. On the contrary, it maintains a state of confusion and doubt in the minds of the majority that must cause Homœopathy to stand still or else retrograde.

W. M. J.

**THE PEOPLE'S HEALTH JOURNAL OF CHICAGO**, October 15th, 1890. L. D. Rogers, A. M., M. D., and S. Ida Wright

Rogers, M. D., editors, 441 Dearborn Avenue, Chicago, Illinois. Price, \$1.00 a year. Ten cents a copy.

This is a folio journal of eight pages, issued once a month, and devoted to hygiene, dietetics, and Homœopathy. It is an excellent publication, several of its contributors being contributors of THE HOMŒOPATHIC PHYSICIAN. Its articles are exceedingly instructive and will prove interesting not alone to the medical man but to his family as well. Its low price puts it within the reach of all.

W. M. J.

CENSUS BULLETIN, No. 12. Issued by Hon. Robert P. Porter, Superintendent of the Census.

Is a summary of the total population of the United States from which it appears that the total population is 62,480,540.

CHEMICAL LECTURE NOTES. By H. M. Whelpley, M. D., Ph. G., F. R. M. S. Third edition. Published by the author at 2647 Olive Street, St. Louis, Mo. 1890. Price, \$1.50.

This excellent little book is a complete summary of physics and chemistry for the use of students.

When a student attends lectures on chemistry and physics, he generally writes his own notes. These are necessarily imperfect, without arrangement, and of but little subsequent use. The small volume before us is a complete collection of these notes, clearly arranged and well printed. The student having this book in his hand needs no pencil and paper when attending lectures.

The professor who delivers the lectures need not tax himself by preparing any plan of lectures. He will find the whole thing in this book done for him, and more thoroughly, and above all more orderly.

The active practitioner, with little time at his command, who wishes to inform himself instantly upon some forgotten point without wading through a large mass of other material, will get what he wants from this book, which is a sort of miniature encyclopedia upon these subjects.

W. M. J.

## NOTES AND NOTICES.

REMOVALS.—Dr. Frances M. Morris, from Hotel Berkley to 157 Boylston Street, Boston, Mass. Dr. O. W. Lounsbury, from Cincinnati to Dayton, Ohio. Dr. L. H. Lemke, to Hixton, Jackson County, Wisconsin. He was erroneously reported, in our November number, as having gone to Higginsville, Mo. Dr. Charles H. Young, from Brooklyn to 319 West 44th Street, New York City. Dr. Hiram F. Smiley, from La Crosse, Wis., to South Englewood, Ill. Dr. G. Pompili, editor of *Revista Omiopatica*, from Chiavi d'ozo, to Via Cavour, 325, Rome, Italy.

Dr. Maria N. Johnson, who for a number of years has been located at 1732 Green Street, has, in consequence of the great increase in her practice, removed to 342 South Eighteenth Street, Philadelphia.















